

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110766

**FILED**  
**Jul 20, 2012**  
**Secretary of State**

**Entity Name:** STEIN HOME HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

1725 FIREHOUSE LANE UNIT 101  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

1725 FIREHOUSE LANE UNIT 101  
ORLANDO, FL 32814

**New Mailing Address:**

**FEI Number:** 45-3557291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STEIN, LAWRENCE H  
**Address:** 1725 FIREHOUSE LANE UNIT 101  
**City-St-Zip:** ORLANDO, FL 32814

**Title:** S  
**Name:** STEIN, LAWRENCE H  
**Address:** 1725 FIREHOUSE LANE UNIT 101  
**City-St-Zip:** ORLANDO, FL 32814

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** LAWRENCE H. STEIN

MGR

07/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date