

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000126199

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ELITE HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

2812 NE 29TH STREET  
FT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2812 NE 29TH STREET  
FT LAUDERDALE, FL 33306

**New Mailing Address:**

**FEI Number:** 45-3797531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOOK, GERALDINE RN  
2812 NE 29TH STREET  
FT LAUDERDALE, FL 33306 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:** SHOOK, GERALDINE RN  
**Address:** 2812 NE 29TH ST  
**City-St-Zip:** FT LAUDERDALE, FL 33306

**Title:** MGR  
**Name:** FRAZER, DANIEL RN  
**Address:** 1724 MIDDLE RIVER DRIVE  
**City-St-Zip:** FT LAUDERDALE, FL 33305

**Title:** MGR  
**Name:** NGUYEN, NHAT-HUY J RN  
**Address:** 3266 WEST BUENA VISTA DRIVE  
**City-St-Zip:** MARGATE, FL 33063

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:** GERALDINE SHOOK RN

MGR

01/06/2012

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