

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060048

Entity Name: ACLARIS HOME HEALTH LLC

Current Principal Place of Business:

3430 W LAMBRIGHT STREET
STE 103
TAMPA, FL 33614

Current Mailing Address:

3430 W LANMBRIGHT ST
STE 103
TAMPA, FL 33614 US

FEI Number: 90-0338511

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBIZU, CLARISVEL
3302 W SITKA STREET
TAMPA, FL 33614 US

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

Authorized Person(s) Detail :

Title P
Name ACOSTA ALBIZU, CLARISVEL
Address 3302 W SITKA ST
City-State-Zip: TAMPA FL 33614

Title VP
Name CLAYMI, CORA
Address 7711 N ROME AVE
City-State-Zip: TAMPA FL 33604

Title OWNR
Name ACOSTA, RAFAEL LUIS
Address 7711 N ROME AVE
City-State-Zip: TAMPA FL 33604

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLARISVEL ACOSTA ALBIZU

PRESIDENT

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date