

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108625

Entity Name: EXPRESS HOME HEALTH CARE AGENCY, LLC

Current Principal Place of Business:

4310 S FLORIDA AVE-STE 102
LAKELAND, FL 33813

Current Mailing Address:

4310 S FLORIDA AVE-STE 102
LAKELAND, FL 33813 US

FEI Number: 26-1335074

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ISMAEL, SURA
4310 S FLORIDA AVE-STE 102
LAKELAND, FL 33813 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 MGRM
Name ISMAEL, SURA
Address 4310 S FLORIDA AVENUE, SUITE 102
City-State-Zip: LAKELAND FL 33813

Title MGRM
Name K & I VALIDATION SERVICES, INC.
Address 9200 HAMILTON COURT, STE E
City-State-Zip: DES PLAINES IL 60016

Title MGRM
Name AR FADDA, SAMER
Address 4310 S FLORIDA AVE-STE 102
City-State-Zip: LAKELAND FL 33813

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: SURA ISMAEL

REGISTERED AGENT

03/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date