

**2013 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	Title	MGRM
Name	ISMAEL, SURA	Name	K & I VALIDATION SERVICES, INC.
Address	4310 S FLORIDA AVENUE, SUITE 102	Address	9200 HAMILTON COURT, STE E
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	DES PLAINES IL 60016

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SURA ISMAEL**

**REGISTERED AGENT**

**08/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date