

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019738

**Entity Name:** P & M HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

1931 NW 150TH AVE  
STE 124  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1931 NW 150TH AVE  
SUITE 124  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 26-2025165

**Certificate of Status Desired:** No

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

YORMACK LAW, P.A.  
121 ALHAMBRA PLAZA, 1500  
CORAL GABLES, FL 33134 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            AMBR  
Name            ADELMAN, HILLEL  
Address        2415 STIRLING RD  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** HILLEL ADELMAN

AMBR

01/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date