

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000061209

**Entity Name:** ALTUS HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

301 NE 2ND DR.  
HOMESTEAD, FL 33030

**Current Mailing Address:**

301 NE 2ND DR.  
HOMESTEAD, FL 33030

**FEI Number: 26-2886603**

**Certificate of Status Desired: Yes**

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

GARCIA, MARY A  
1421 JAY CT  
HOMESTEAD, FL 33035 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 GARCIA, MARY A  
Address 1421 JAY CT  
City-State-Zip: HOMESTEAD FL 33035

Title MGRM  
Name MARTINEZ, OMAR  
Address 18230 NW 86TH AVE  
City-State-Zip: HIALEAH FL 33015

*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: OMAR MARTINEZ**

**MGRM**

**05/17/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date