

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073164

**Entity Name:** ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.

**Current Principal Place of Business:**

1900 NW CORPORATE BLVD  
SUITE 100 W  
BOCA RATON, FL 33431

**Current Mailing Address:**

1900 NW CORPORATE BLVD  
SUITE 100 W  
BOCA RATON, FL 33431

**FEI Number: 26-3100811**

**Certificate of Status Desired: No**

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

MEJER, ALVARO  
201 ALHAMBRA CR SUITE 504  
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 MGRM  
Name MARTINEZ, WILFREDO E  
Address 1900 NW CORPORATE BLVD, SUITE  
100-W  
City-State-Zip: BOCA RATON FL 33431

*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: WILFREDO MARTINEZ**

**MGRM**

**01/16/2015**

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

\_\_\_\_\_  
Date