

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000003008

Entity Name: HOME STEWARDS HEALTH SERVICES LLC

Current Principal Place of Business:

1400 HAND AVENUE
SUITE P
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 730114
ORMOND BEACH, FL 32173 US

FEI Number: 27-0593886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAMAU, PAULINE
1400 HAND AVENUE
SUITE P
ORMOND BEACH, FL 32174 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 KAMAU, PAULINE
Address 1400 HAND AVENUE SUITE P
City-State-Zip: ORMOND BEACH FL 32174

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: PAULINE KAMAU

OWNER

08/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date