

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093195

**Entity Name:** HYLAN HOME CARE AGENCY LLC

**Current Principal Place of Business:**

6412 N UNIVERSITY DR  
SUITE #117  
TAMARAC, FL 33321

**Current Mailing Address:**

6412 N UNIVERSITY DR  
SUITE #117  
TAMARAC, FL 33321 US

**FEI Number:** 45-4087683

**Certificate of Status Desired:** Yes

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

PIERRE, ANDRE  
6412 N UNIVERSITY DR  
SUITE #117  
TAMARAC, FL 33321 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:** ANDRE PIERRE

04/18/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PIERRE, ANDRE  
Address        6412 N UNIVERSITY DR  
                  SUITE #117  
City-State-Zip: TAMARAC FL 33321

*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:** ANDRE PIERRE

MANAGER

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date