

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136250

**Entity Name:** 1ST ACCREDITED HOME CARE, LLC

**Current Principal Place of Business:**

8370 W. FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144

**Current Mailing Address:**

8370 W. FLAGLER STREET  
SUITE 210  
MIAMI, FL 33144

**FEI Number:** 46-1270102

**Certificate of Status Desired:** No

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

LLANES, YSABEL N  
4705 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 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 MGR  
Name LLANES, MANUEL  
Address 4705 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title MGRM  
Name LLANES, YSABEL N  
Address 4705 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

*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:** YSABEL N LLANES

**ASST. MANAGER**

**02/27/2013**

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

\_\_\_\_\_  
Date