## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000004142

Entity Name: PATIENT ANGELS HOME CARE LLC

HILLY Name. PATIENT ANGELS HOWE CARE LL

**Current Principal Place of Business:** 

1172 RIALTO DRIVE

BOYNTON BEACH, FL 33436

**Current Mailing Address:** 

1913 CORNER SCHOOL DRIVE ORLANDO. FL 32820

FEI Number: 46-1723422 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAHMAN, ISMAIL 1172 RIALTO DRIVE BOYNTON BEACH, FL 33436 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

FILED Apr 29, 2016

**Secretary of State** 

CC4268922657

Authorized Person(s) Detail:

Title MGR

Name SAHMAN, ISMAIL Name SAHMAN, RHONDA

Address 1913 CORNER SCHOOL DRIVE Address 1913 CORNER SCHOOL DRIVE

Title

MGR

City-State-Zip: ORLANDO FL 32820 City-State-Zip: ORLANDO FL 32820

Title MGRM Title MGRM

Name SMITH, GLYNNIS Name SMITH, SHELDA

Address 1913 CORNER SCHOOL DRIVE Address 1913 CORNER SCHOOL DRIVE

City-State-Zip: ORLANDO FL 32820 City-State-Zip: ORLANDO FL 32820

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: ISMAIL SAHMAN PRESIDENT 04/29/2016