**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 02, 2018**
**Secretary of State**
**CC1152081913**

DOCUMENT# L14000179251

**Entity Name:** ACCURATE CARE HOME HEALTH LLC

**Current Principal Place of Business:**

3906 TAMPA RD
STE E
OLDSMAR, FL 34677

**Current Mailing Address:**

3906 TAMPA RD
STE E
OLDSMAR, FL 34677 US

**FEI Number: 47-2329746**

**Certificate of Status Desired:** No

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

PORTAL, INDIRA
11312 GEORGETOWN CIR
TAMPA, FL 33635 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 | P | Title | VP |
| Name | PORTAL, INDIRA | Name | QUINONES, GRETEL |
| Address | 11312 GEORGETOWN CIR | Address | 7622 CARON RD |
| City-State-Zip: | TAMPA FL 33635 | City-State-Zip: | TAMPA FL 33615 |

*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: INDIRA PORTAL PRESIDENT 02/02/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date