

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012703

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** ASCENTIA HOME HEALTH CARE, LLC

**Current Principal Place of Business:**

2495 ENTERPRISE RD  
SUITE 101  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2495 ENTERPRISE RD  
SUITE 101  
CLEARWATER, FL 33763

**New Mailing Address:**

**FEI Number:** 20-0858721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASARJIAN, HILLARY R  
527 SCOTLAND STREET  
DUNEDIN, FL 34698 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KASARJIAN, HILLARY R CEO  
**Address:** 527 SCOTLAND STREET  
**City-St-Zip:** DUNEDIN, FL 34698

**Title:** MGRM  
**Name:** COLLIGAN, RONALD J CFO  
**Address:** 11728 RIVE ISLE RUN  
**City-St-Zip:** PARRISH, FL 34219

I hereby certify that the information indicated on this 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.

SIGNATURE: RONALD J. COLLIGAN

CFO

01/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date