

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032876

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HOMECARE SPECIALISTS OF CITRUS LLC

**Current Principal Place of Business:**

5 BEVERLY HILLS BLVD  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

5 BEVERLY HILLS BLVD  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

FEI Number: 30-0549684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOMANTA, JAN MICHELLE  
5 BEVERLY HILLS BLVD  
BEVERLY HILLS, FL 34465 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: PRES  
Name: LOMANTA, JAN MICHELLE  
Address: 5 BEVERLY HILLS BLVD  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP  
Name: ROFLO, RYAN  
Address: 5 BEVERLY HILLS BLVD  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP  
Name: FLORIDA HOMECARE SPECIALISTS INC  
Address: 136 N OLD DIXIE HWY  
City-St-Zip: LADY LAKE, FL 32159

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: JAN MICHELLE LOMANTA

MS.

02/17/2011

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