

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085511

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** QUALITY LIVING HOME HEALTH CARE LLC

**Current Principal Place of Business:**

8800 49TH STREET NORTH, SUITE 303  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

8800 49TH STREET NORTH, SUITE 303  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

LEE BARANCO INC  
3405 34TH STREET SOUTH  
277  
ST. PETERSBURG, FL 33711 US

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

PAUL LEE  
3405 34TH STREET SOUTH  
277  
ST. PETERSBURG, FL 33711 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: PAUL LEE

01/20/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEE, PAUL  
Address: 979 LANDMARK CIRCLE SOUTH  
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM  
Name: PRINGLE, KELLY  
Address: 3471 FOX HUNT DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM  
Name: CANFIELD, DAWN  
Address: 8361 56TH WAY NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

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: PAUL LEE

MGRM

01/20/2012

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