

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012703

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

**Current Principal Place of Business:**

2801 W. BUSCH BLVD  
TAMPA, FL 33618

**Current Mailing Address:**

11728 RIVE ISLE RUN  
PARRISH, FL 34219

**FEI Number:** 20-0858721

**Certificate of Status Desired:** No

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

KASARJIAN, HILLARY R  
1724 SUNKISSED DRIVE  
TARPON SPRINGS, FL 34689 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 MGRM  
Name KASARJIAN, HILLARY RCEO  
Address 1724 SUNKISSED DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name COLLIGAN, RONALD JCFO  
Address 11728 RIVE ISLE RUN  
City-State-Zip: PARRISH FL 34219

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD J. COLLIGAN

**MANAGING MEMBER**

**02/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date