

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031981

**Entity Name:** C&J HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

506 S. HIGHWAY 27, SUITE E  
MINNEOLA, FL 34715

**Current Mailing Address:**

506 S. HIGHWAY 27, SUITE E  
MINNEOLA, FL 34715

**FEI Number: 11-3809488**

**Certificate of Status Desired: No**

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

JACQUES, WAYNE A  
201 AMBER BOULEVARD  
AUBURNDALE, FL 33823 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 JACQUES, WAYNE A  
Address 201 AMBER BOULEVARD  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name GILL, GABRIELLE M  
Address 3415 WEST END AVENUE #912  
City-State-Zip: NASHVILLE TN 37203

Title MGR  
Name JACQUES, VALERIE I  
Address 201 AMBER BOULEVARD  
City-State-Zip: AUBURNDALE FL 33823

Title MGR  
Name COOK, KENNETH SAMUEL  
Address 3415 WEST END AVENUE #912  
City-State-Zip: NASHVILLE TN 37203

*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: WAYNE A. JACQUES**

**MGRM**

**02/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date