

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032876

Entity Name: FLORIDA HOMECARE SPECIALISTS OF CITRUS LLC

Current Principal Place of Business:

6216 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429

Current Mailing Address:

6216 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 US

FEI Number: 30-0549684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOMANTA ROFLO, JAN MICHELLE
6216 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 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 PRES
Name LOMANTA ROFLO, JAN MICHELLE
Address 6216 W GULF TO LAKE HWY
City-State-Zip: CRYSTAL RIVER FL 34429

Title VP
Name ROFLO, RYAN
Address 6216 W GULF TO LAKE HWY
City-State-Zip: CRYSTAL RIVER FL 34429

Title VP
Name ARCENAL, ELMER
Address 130 N. OLD DIXIE HWY
City-State-Zip: LADY LAKE FL 32159

Title VP
Name TAN, HAZEL
Address 6216 W GULF TO LAKE HWY
City-State-Zip: CRYSTAL RIVER FL 34429

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

SIGNATURE: RYAN ROFLO

CFO

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date