

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032876

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC5370666418**

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

**Current Principal Place of Business:**

6099 W GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

6099 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  
6099 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        6099 W GULF TO LAKE HWY  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            VP  
Name            ROFLO, RYAN  
Address        6099 W GULF TO LAKE HWY  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            VP  
Name            FLORIDA HOMECARE SPECIALISTS  
                  INC  
Address        130 N OLD DIXIE HWY  
City-State-Zip: LADY LAKE FL 32159

*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 L. ROFLO

CFO

01/08/2014

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

Date