

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000054779

Entity Name: INFINITY HOME CARE OF JACKSONVILLE, LLC**Current Principal Place of Business:**3854 AMERICAN WAY
SUITE A
BATON ROUGE, LA 70816**Current Mailing Address:**3854 AMERICAN WAY
SUITE A
BATON ROUGE, LA 70816 US**FEI Number:** 27-0380961**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** EDWIN HIGHTOWER JR.

07/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name INFINITY HOME CARE, L.L.C.
Address 3854 AMERICAN WAY
SUITE A
City-State-Zip: BATON ROUGE LA 70816

Title PRESIDENT
Name KUSSEROW, PAUL
Address 3854 AMERICAN WAY
SUITE A
City-State-Zip: BATON ROUGE LA 70816

Title VP
Name LABORDE, RONALD A.
Address 3854 AMERICAN WAY
SUITE A
City-State-Zip: BATON ROUGE LA 70816

Title TREASURER
Name GINN, SCOTT
Address 3854 AMERICAN WAY
SUITE A
City-State-Zip: BATON ROUGE LA 70816

Title SECRETARY
Name GUCKERT, JENNIFER R.
Address 3854 AMERICAN WAY
SUITE A
City-State-Zip: BATON ROUGE LA 70816

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: JENNIFER R. GUCKERT

SECRETARY

07/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date