

**2021 FLORIDA LIMITED LIABILITY COMPANY 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:** 27-2703809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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.

04/30/2021

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

Title	SECRETARY
Name	GUICKERT, 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. GUICKERT**SECRETARY**

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date