

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085511

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC8220551860**

**Entity Name:** QUALITY LIVING HOME HEALTH CARE LLC

**Current Principal Place of Business:**

8800 49TH STREET NORTH, SUITE 303  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

8800 49TH STREET NORTH, SUITE 303  
PINELLAS PARK, FL 33782

**FEI Number:** 45-2823888

**Certificate of Status Desired:** No

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

PAUL LEE  
3405 34TH STREET SOUTH  
277  
ST. PETERSBURG, FL 33711 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 LEE, PAUL  
Address 979 LANDMARK CIRCLE SOUTH  
City-State-Zip: TIERRA VERDE FL 33715

Title MGRM  
Name PRINGLE, KELLY  
Address 3471 FOX HUNT DRIVE  
City-State-Zip: PALM HARBOR FL 34683

Title MGRM  
Name CANFIELD, DAWN  
Address 8361 56TH WAY NORTH  
City-State-Zip: PINELLAS PARK FL 33781

*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:** PAUL LEE

MGRM

02/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date