

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152515

**Entity Name:** COA HOME CARE, LLC

**Current Principal Place of Business:**

336 N WOODLAND BLVD  
DELAND, FL 32720

**Current Mailing Address:**

336 N WOODLAND BLVD  
DELAND, FL 32720

**FEI Number: 80-0873338**

**Certificate of Status Desired: Yes**

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

PALMETTO CHARTER SERVICES INC  
150 MAGNOLIA AVE  
DAYTONA BEACH, FL 32114 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 MGR  
Name COUNCIL ON AGING OF VOLUSIA COUNTY INC  
Address PO BOX 671  
City-State-Zip: DAYTONA BEACH FL 32115-0671

Title PRESIDENT  
Name LYNN, DAVID  
Address P. O. BOX 2851  
City-State-Zip: DAYTONA BEACH FL 32120

Title TREASURER  
Name TOLLAND, CHRIS  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title COO  
Name HEALD, RICHARD E  
Address 160 N. BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title PAST PRESIDENT  
Name TUCKER, RICHARD  
Address 5510 S. ATLANTIC AVE.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VP  
Name MOCK, SHARON  
Address 970 N. HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title CFO  
Name WARREN, DAN D  
Address 160 N. BEACH ST.  
City-State-Zip: DAYTONA BEACH FL 32114

Title ADMINISTRATOR  
Name MCKEON, MARYLOU  
Address 336 N WOODLAND BLVD  
City-State-Zip: DELAND FL 32720

*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: DAN D. WARREN**

**CFO**

**02/23/2015**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date