

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000153179

**Entity Name:** HOME HEALTH OF SW FLORIDA, LLC

**Current Principal Place of Business:**

11924 FAIRWAY LAKES DR  
SUITE 1  
FORT MYERS, FL 33913-8434

**Current Mailing Address:**

11924 FAIRWAY LAKES DR  
SUITE 1  
FORT MYERS, FL 33913-8434 US

**FEI Number:** 80-0873372

**Certificate of Status Desired:** Yes

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

HILL, KAREN B  
11924 FAIRWAY LAKES DR, SUITE 1  
FORT MYERS, FL 33913-8434 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	Title	AUTHORIZED REPRESENTATIVE
Name	SOLUTION ONE, LLC	Name	HILL, KAREN B
Address	11924 FAIRWAY LAKES DR, SUITE 1	Address	11924 FAIRWAY LAKES DR SUITE 1
City-State-Zip:	FORT MYERS FL 33913-8434	City-State-Zip:	FORT MYERS FL 33913-8434

*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:** KAREN B HILL

**AUTHORIZED  
REPRESENTATIVE**

02/11/2016

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

\_\_\_\_\_  
Date