

2013 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
1513 JUNIOR CT
LEHIGH ACRES, FL 33971-2045 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 SOLUTION ONE, LLC
Address 11924 FAIRWAY LAKES DR, SUITE 1
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H BAIRD

MANAGING MEMBER

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date