2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2007 8:00 am Secretary of State

DOCUMENT # L04000040187 1. Entity Name BAYFRONT HOME HEALTH CARE, LLC						04-03-2007 90118 030 ****55.00				
Principal Plac	e of Business	Mailing Address		•			-406	I		
701 6TH STREET SOUTH ST. PETERSBURG, FL 33701		701 6TH STREET SOUTH ST. PETERSBURG, FL 33701								181 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Numbe 03-046			⊢	oplied For ot Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired	X	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered	Agent	
F&L CORF)			Name					···	
THE GREE	ENLEAF BUILDING A STREET			Street Ac	ddress (F	(P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32202-3510									
				City				FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the State of F	florida. ∃am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signatur	re required	when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2007							ake check p da Departn	payable to nent of Stat	e
	ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				Florid		nent of Stat	e
9. TITLE	ue by May 1, 2007 MANAGING MEMBE	ERS/MANAGERS	TITLE				Florid	da Departn	nent of Stat	e Addition
9. TITLE NAME	MANAGING MEMBE P BRODY, SUE G		TITLE	E			Florid	da Departn	nent of Stat	
9. TITLE	ue by May 1, 2007 MANAGING MEMBE	☐ Delete	TITLE NAMI STRE				Florid	da Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE P BRODY, SUE G 701 6TH ST S	☐ Delete	TITLE NAMI STRE	E Et address - St-Zip			Florid	da Departn	nent of Stat	
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Indexect certain that the information semples of the information indicated on order to the information and the information indicated on this report as the and accurate and training signal for the state legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of fruster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #