2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040187

Entity Name: BAYFRONT HOME HEALTH CARE, LLC

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

701 6TH STREET SOUTH 701-6TH STREET SOUTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

US

Current Mailing Address: New Mailing Address:

701 6TH STREET SOUTH 701-6TH STREET SOUTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 US

FEI Number: 11-3722443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

THORNTON, ROBERT W THORNTON, ROBERT W MR 701 6TH ST S 701-6TH STREET SOUTH

SAINT PETERSBURG, FL 33701 US SAINT PETERSBURG, FL 33701 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: ROBERT W THORNTON 02/02/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition

BRODY, SUE G BRODY, SUE G MS Name: Name: 701 6TH ST S Address: 701-6TH STREET SOUTH Address:

City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701 US

(X) Change () Addition Title: Title: () Delete THORNTON, ROBERT W THORNTON, ROBERT W MR Name: Name: Address: Address:

701 6TH ST. S. 701-6TH STREET SOUTH City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: () Delete Title: (X) Change () Addition EIXENBERGER, TIM EIXENBERGER, TIM MR Name: Name:

Address: 701 6TH STREET S Address: 701-6TH STREET SOUTH City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: SAINT PETERSBURG, FL 33701 US

() Delete Title: Title: (X) Change () Addition

MCGARVEY, DEREK MR MCGARVEY, DEREK Name: Name: 2860 SCHERER DR STE 650 Address: Address: 2860 SCHERER DRIVE SUITE 650 City-St-Zip: SAINT PETERSBURG, FL 33716 City-St-Zip: SAINT PETERSBURG, FL 33716 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ROBERT W THORNTON 02/02/2009