

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040187

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** BAYFRONT HOME HEALTH CARE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

THORNTON, ROBERT W MR  
701-6TH STREET SOUTH  
SAINT PETERSBURG, FL 33701 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: BRODY, SUE G MS  
Address: 701-6TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: ST  
Name: THORNTON, ROBERT W MR  
Address: 701-6TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D  
Name: EIXENBERGER, TIM MR  
Address: 701-6TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701 US

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

I hereby 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

ST

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date