2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

DOCUMENT# L04000040187

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:

701 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

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

New Mailing Address:

701 SIXTH STREET SOUTH
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:

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

Name and Address of New Registered Agent:

THORNTON, ROBERT W MR
701 SIXTH STREET SOUTH
ST. 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: _____ 02/09/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: C
Name: BRODY, SUE G MS
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D
Name: THORNTON, ROBERT W MR
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D
Name: EIXENBERGER, TIM MR
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

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

Title: D
Name: WEILAND, DAVID DR
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

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 Statues.

SIGNATURE: ROBERT W. THORNTON D 02/09/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date