

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000035920

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** FITNESS QUEST HOME HEALTH CARE, LLC

**Current Principal Place of Business:**

1705 OSPREY AVE.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

2530 BOBCAT VILLAGE CENTER RD  
C  
NORTH PORT, FL 34288 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BARTRUFF, JANE  
9230 FALCON CT.  
VENICE, FL 34293 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: MGRM  
Name: NIPPERT, JASON R  
Address: 1705 OSPREY AVE.  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM  
Name: BARTRUFF, MACKENZIE M  
Address: 9230 FALCON CT  
City-St-Zip: VENICE, FL 34293 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: MACKENZIE BARTRUFF

MGRM

05/01/2010

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