

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000064350

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Entity Name:** INFINITY HOME CARE OF PORT CHARLOTTE, LLC

**Current Principal Place of Business:**

4161 TAMiami TRAIL  
SUITE #304  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2201 CANTU CT  
SUITE #116  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-5152080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOXLEY, R. ROBERT  
2201 CANTU CT  
SUITE #116  
SARASOTA, FL 34232 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:** MGR  
**Name:** MARS, LLC  
**Address:** 2201 CANTU CT. SUITE #116  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** MGRM  
**Name:** JOSEPHSON, TODD H  
**Address:** 2201 CANTU CT. SUITE #116  
**City-St-Zip:** SARASOTA, FL 34232

**Title:** MGRM  
**Name:** MOXLEY, R. ROBERT  
**Address:** 2201 CANTU CT. SUITE #116  
**City-St-Zip:** SARASOTA, FL 34232

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:** TODD JOSEPHSON

MGRM

05/18/2010

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