

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094669

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CONCENTRIC HOMECARE LLC

**Current Principal Place of Business:**

227 CENTRAL AVE.  
SARASOTA, FL 342364962

**New Principal Place of Business:**

227 CENTRAL AVE  
SARASOTA, FL 342364962

**Current Mailing Address:**

10901 CORPORATE CIR., N., STE A  
ST PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 22-3968529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGMB  
Name: SEXTON, TONI  
Address: 10901 CORPORATE CIRCLE N STE A  
City-St-Zip: ST PETERSBURG, FL 33716

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: TONI SEXTON

MGMB

01/06/2012

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