

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097338

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** SARASOTA HOME HEALTH CARE AGENCY, LLC

**Current Principal Place of Business:**

2700 S. TAMIAMI TR  
SUITE 14  
SARASOTA, FL 34239

**New Principal Place of Business:**

8830 S. TAMIAMI TR  
SUITE 150  
SARASOTA, FL 34238

**Current Mailing Address:**

2700 S. TAMIAMI TR  
SUITE 14  
SARASOTA, FL 34239

**New Mailing Address:**

8830 S. TAMIAMI TR  
SUITE 150  
SARASOTA, FL 34238

**FEI Number:** 83-0495432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VISHNEVSKY, VICTOR  
2700 S. TAMIAMI TR  
SUITE 14  
SARASOTA, FL 34239 US

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

VISHNEVSKY, VICTOR  
8830 S. TAMIAMI TR  
SUITE 150  
SARASOTA, FL 34238 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:

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VISHNEVSKY, VICTOR  
Address: 2700 S. TAMIAMI TR, SUITE 14  
City-St-Zip: SARASOTA, FL 34239 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VISHNEVSKY, VICTOR  
Address: 8830 S. TAMIAMI TR, SUITE 150  
City-St-Zip: SARASOTA, FL 34238 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VISHNEVSKY VICTOR

MGR

03/20/2009

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