

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117620

FILED
Apr 24, 2009
Secretary of State

Entity Name: INFINITY HOME CARE OF PINELLAS, LLC

Current Principal Place of Business:

2201 CANTU COURT
SUITE 116
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

2201 CANTU COURT
SUITE 116
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 26-1578514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOXLEY, R. ROBERT
2201 CANTU COURT
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: MGRM () Delete
Name: MARS, LLC
Address: 1776 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INFINITY HOME CARE, LLC
Address: 2201 CANTU CT. SUITE #116
City-St-Zip: SARASOTA, FL 34232 US

Title: MGRM () Change (X) Addition
Name: JOSEPHSON, TODD H
Address: 2201 CANTU CT. SUITE #116
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Change (X) Addition
Name: MOXLEY, R. ROBERT
Address: 2201 CANTU CT. SUITE #116
City-St-Zip: SARASOTA, FL 34232

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: TODD JOSEPHSON

MGRM

04/24/2009

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