

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017756

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** COMPANION CARE OF THE NATURE COAST, LLC

**Current Principal Place of Business:**

7821 TALISMAN DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

7821 TALISMAN DRIVE  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 80-0355050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHWALTER, RICK A ESQ.  
39780 US 19 NORTH  
C/O LAW OFFICE OF SONNY IM  
TARPON SPRINGS, FL 34689 US

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

BROWN, CURT M.  
7821 TALISMAN DRIVE  
PORT RICHEY, FL 34668 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: CURT M. BROWN

02/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, CURT  
Address: 7821 TALISMAN DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

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: CURT M. BROWN

MGRM

02/01/2012

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