

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037808

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** HOME VISITING PHYSICIANS, LLC

**Current Principal Place of Business:**

1011 W. VINE ST.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

1724 BOAT LAUNCH RD.  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 26-4708314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDOWAR, LATCHMAN MD  
1724 BOAT LAUNCH RD  
KISSIMMEE, FL 34746 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  
Name: HARDOWAR, LATCHMAN MD  
Address: 1724 BOAT LAUNCH RD  
City-St-Zip: KISSIMMEE, FL 34746

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: LATCHMAN HARDOWAR

MGRM

02/21/2011

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