

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047566

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** CONSTANCE CARE HOME HEALTHCARE/SOUTH, LLC

**Current Principal Place of Business:**

339 WOOD LANE  
CIRCLEVILLE, OH 43113 US

**New Principal Place of Business:**

**Current Mailing Address:**

339 WOOD LANE  
CIRCLEVILLE, OH 43113 US

**New Mailing Address:**

FEI Number: 27-0204014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: BRADLEY, CHARLES P  
Address: 339 WOOD LANE  
City-St-Zip: CIRCLEVILLE, OH 43113 US

Title: MGRM  
Name: BRADLEY, CONSTANCE J  
Address: 339 WOOD LANE  
City-St-Zip: CIRCLEVILLE, OH 43113 US

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: CHARLES P. BRADLEY

PRES

01/04/2011

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