

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000053428

**FILED**  
**Oct 23, 2010**  
**Secretary of State**

**Entity Name:** HORIZON HOMECARE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

12232 HAZEN AVENUE  
THONOTOSASSA, FL 33592 US

**New Principal Place of Business:**

**Current Mailing Address:**

12232 HAZEN AVENUE  
THONOTOSASSA, FL 33592 US

**New Mailing Address:**

2977 LANDOVER BLVD  
SPRING HILL, FL 34608 US

**FEI Number:** 27-0292461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAXLEY, VELVET  
2977 LANDOVER BLVD  
SPRING HILL, FL 34608 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:** VELVET BAXLEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BAXLEY, VELVET  
**Address:** 12232 HAZEN AVE  
**City-St-Zip:** THONOTOSASSA, FL 33592

**Title:** MGR  
**Name:** HENCHEY, STEPHANIE  
**Address:** 12232 HAZEN AVENUE  
**City-St-Zip:** THONOTOSASSA, FL 33592

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:** VELVET BAXLEY

MGR

10/23/2010

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