

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068884

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** INSPIRATION HEALTH CARE, LLC

**Current Principal Place of Business:**

434 GROVE AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

434 GROVE AVE.  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 27-0563345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERICHSEN, REBECCA A  
12 ROSEBERRY COURT  
OCOE, FL 34761 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:** ERICHSEN, REBECCA A  
**Address:** 12 ROSEBERRY COURT  
**City-St-Zip:** OCOE, FL 34761

**Title:** MGRM  
**Name:** MATTOX, SUSAN E  
**Address:** 15507 CRYSTAL CREEK COURT  
**City-St-Zip:** CLERMONT, FL 34711

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:** REBECCA ERICHSEN

MGRM

02/16/2011

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