

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120755

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** QUALITY HOME CARE OF S.W. FLORIDA, LLC

**Current Principal Place of Business:**

5375 HAWTHORN WOODS WAY  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5375 HAWTHORN WOODS WAY  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 27-1937935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHYZESCIAN, MARK  
5375 HAWTHORN WOODS WAY  
NAPLES, FL 34116 US

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

CHYZESCIAN, MARK A  
5375 HAWTHORN WOODS WAY  
NAPLES, FL 34116 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: MARK A CHYZESCIAN

02/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHYZESCIAN, MARK A  
Address: 5375 HAWTHORN WOODS WAY  
City-St-Zip: NAPLES, FL 34116

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: MARK A CHYZESCIAN

MGR

02/19/2010

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