

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000002265

FILED
Jan 05, 2012
Secretary of State

Entity Name: ORACLE HOME HEALTH CARE, LLC

Current Principal Place of Business:

412 NORTH ALEXANDER STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

408 NORTH ALEXANDER STREET
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 27-1667650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEEL, WILLIAM J
408 N. ALEXANDER STREET
PLANT CITY, FL 33563 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: LOTT, RICK A
Address: 408 N. ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM
Name: KEEL, WILLIAM J
Address: 408 N. ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

Title: MGRM
Name: ROLLYSON, DEANNA C
Address: 408 N. ALEXANDER STREET
City-St-Zip: PLANT CITY, FL 33563

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: WILLIAM KEEL

MGRM

01/05/2012

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