

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000020174

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TRANSITIONS HOME HEALTHCARE, LLC

**Current Principal Place of Business:**

7025 COUNTY ROAD 46A  
SUITE 1071 #106  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

7025 COUNTY ROAD 46A  
SUITE 1071 #106  
HEATHROW, FL 32746 US

**New Mailing Address:**

4006 BERMUDA GROVE PL  
LONGWOOD, FL 32779 US

**FEI Number:** 27-1996418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOOTH, DENNIS M  
4006 BERMUDA GROVE PLACE  
LONGWOOD, FL 32779 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:** BOOTH, DENNIS M  
**Address:** 4006 BERMUDA GROVE PLACE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MGR  
**Name:** DAMBRAUSKAS, JOHN  
**Address:** 2457 NORTHUMBRIA DR  
**City-St-Zip:** SANFORD, FL 32771 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:** DENNIS BOOTH

MGRM

04/29/2011

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