

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021942

FILED
Feb 23, 2011
Secretary of State

Entity Name: HOME HEALTH CARE PROFESSIONALS OF NAPLES, LLC

Current Principal Place of Business:

757 7TH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

1250 NORTH TRAIL BUILDING
207
NAPLES, FL 34103

Current Mailing Address:

757 7TH AVENUE NORTH
NAPLES, FL 34102

New Mailing Address:

1250 NORTH TRAIL BUILDING
207
NAPLES, FL 34103

FEI Number: 27-4457459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, MICHAEL DR
757 7TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

SMITH, MICHAEL DR
6071 COPPER LEAF LANE
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:

02/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCCANDLESS, SCOTT C MR.
Address: 6071 COPPER LEAF LANE
City-St-Zip: NAPLES, FL 34116

Title: MGR
Name: SINE, HEATHER V MS.
Address: 733 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

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: SCOTT MCCANDLESS

MGR

02/23/2011

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