

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000021942

**FILED**  
**Oct 27, 2011**  
**Secretary of State**

**Entity Name:** HOME HEALTH CARE PROFESSIONALS OF NAPLES, LLC

**Current Principal Place of Business:**

1250 NORTH TRAIL BUILDING  
207  
NAPLES, FL 34103

**New Principal Place of Business:**

1250 TAMIAMI TRAIL NORTH  
204  
NAPLES, FL 34102

**Current Mailing Address:**

1250 NORTH TRAIL BUILDING  
207  
NAPLES, FL 34103

**New Mailing Address:**

1250 TAMIAMI TRAIL NORTH  
204  
NAPLES, FL 34102

**FEI Number:** 27-4457459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, MICHAEL DR  
6071 COPPER LEAF LANE  
NAPLES, FL 34116 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: MCCANDLESS, SCOTT C MR.  
Address: 6071 COPPER LEAF LANE  
City-St-Zip: NAPLES, FL 34116

Title: MGRM  
Name: SMITH, MICHAEL D DR.  
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: HEATHER V. SINE

MGR

10/27/2011

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