

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021942

FILED
Jan 04, 2012
Secretary of State

Entity Name: HOME HEALTH CARE PROFESSIONALS OF NAPLES, LLC

Current Principal Place of Business:

1250 TAMIAMI TRAIL NORTH
204
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1250 TAMIAMI TRAIL NORTH
204
NAPLES, FL 34102

New Mailing Address:

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
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: MGR
Name: SMITH, MICHAEL D DR.
Address: 6071 COPPER LEAF LANE
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: MICHAEL D. SMITH

MGR

01/04/2012

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