

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071156

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** 21ST AMERICAN HOME REMEDY, LLC

**Current Principal Place of Business:**

10245 CENTURION PARKWAY NORTH  
305  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

4215 SOUTHPOINT BOULEVARD  
230  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

10245 CENTURION PARKWAY NORTH  
305  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

4215 SOUTHPOINT BOULEVARD  
230  
JACKSONVILLE, FL 32216 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEASLER, FRANK R JR.  
10245 CENTURION PARKWAY NORTH  
305  
JACKSONVILLE, FL 32256 US

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

KEASLER, FRANK R JR.  
4215 SOUTHPOINT BOULEVARD  
230  
JACKSONVILLE, FL 32216 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: FRANK R. KEASLER, JR., ESQ.

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NATIONAL INFUSION TECHNOLOGIES, LLC  
Address: 4215 SOUTHPOINT BOULEVARD, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32216 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: FRANK R. KEASLER, JR., ESQ.

RA

04/27/2012

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