

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093207

FILED
Apr 30, 2011
Secretary of State

Entity Name: IN HOME PRIMARY CARE PROVIDERS LLC

Current Principal Place of Business:

5545 MARIE DR.
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

Current Mailing Address:

5545 MARIE DR.
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 27-3771217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKEN, IRIS C
5545 MARIE DR.
ZEPHYRHILLS, FL 33541 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: BRACKEN, IRIS C
Address: 5545 MARIE DR.
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGR
Name: HOFFMAN, HEATHER A
Address: 5545 MARIE DR.
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGR
Name: BRACKEN, MICHAEL J
Address: 5545 MARIE DR
City-St-Zip: ZEPHYRHILLS, FL 33541 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: IRIS C BRACKEN

MGR

04/30/2011

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