

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000023130

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** MAYFLOWER HOME HEALTH AGENCY, LLC

**Current Principal Place of Business:**

1620 MAYFLOWER COURT  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

1620 MAYFLOWER COURT  
WINTER PARK, FL 32792

**New Mailing Address:**

1890 STATE ROAD 436  
SUITE 300  
WINTER PARK, FL 32792

**FEI Number:** 27-5219456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCGUFFIN, DAVID  
C/O MAYFLOWER RETIREMENT CENTER, INC.  
1620 MAYFLOWER COURT  
WINTER PARK, FL 32792 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: MCGUFFIN, DAVID  
Address: 1620 MAYFLOWER COURT  
City-St-Zip: WINTER PARK, FL 32792

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: DAVID MCGUFFIN

MGR

03/19/2012

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