

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000051189

Entity Name: HEART HOME CARE, LLC

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8824 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

2212 WEST 14TH STREET  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

8824 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Mailing Address:**

2212 WEST 14TH STREET  
JACKSONVILLE, FL 32209

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MATHIS, EUNICE A  
8824 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

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

SINGLETON, KAREN  
2212 WEST 14TH STREET  
JACKSONVILLE, FL 32209 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: KAREN SINGLETON

02/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SINGLETON, KAREN  
Address: 2212 WEST 14TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

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: KAREN SINGLETON

PRES

02/18/2012

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