

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067404

FILED
Apr 17, 2012
Secretary of State

Entity Name: INDEPENDENCE HOME HEALTH, LLC

Current Principal Place of Business:

27449 RIVERVIEW CENTER
SUITE 231
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

1214 SE 47TH STREET
UNIT 320
CAPE CORAL, FL 34134 US

Current Mailing Address:

4356 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33904 US

New Mailing Address:

1214 SE 47TH STREET
UNIT 320
CAPE CORAL, FL 34134 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MCFADDEN, LYNN M
4356 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33904 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: LYNN M. MCFADDEN

04/17/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCFADDEN, LYNN M
Address: 4356 COUNTRY CLUB BLVD.
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR
Name: INDEPENDENCE HEALTHCARE
Address: 27499 RIVERVIEW CENTER BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

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: LYNN M. MCFADDEN

MGRM

04/17/2012

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