

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000108363

FILED
Apr 09, 2012
Secretary of State

Entity Name: GENESIS HOME HEALTH CARE SERVICES OF CENTRAL FLORIDA "LLC"

Current Principal Place of Business:

5104 N. ORANGE BLOSSOM TRAIL
208
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5104 N. ORANGE BLOSSOM TRAIL
208
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 45-3345353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK, GARVIN N
5104 N. ORANGE BLOSSOM TRAIL
208
ORLANDO, FL 32810 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: PRES
Name: MARK, GARVIN N
Address: 1660 MALON BAY DRIVE
City-St-Zip: ORLANDO, FL 32810 US

Title: VP
Name: MARK, PATRICIA A
Address: 12614 BEAR CREEK TERRACE
City-St-Zip: BELTSVILLE, MD 20705 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: GARVIN MARK

PRES

04/09/2012

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