2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

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Entity Name: TRINITY FAMILY HOME CARE, LLC

Current Principal Place of Business:

17 POPLAR TRAIL
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

17 POPLAR TRAIL
OCALA, FL 34480

New Mailing Address:

FEI Number: 61-1658690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, GUILENE M
17 POPLAR TRAIL
OCALA, FL 34480 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: JOSEPH, GUILENE M
Address: 17 POPLAR TRAIL
City-St-Zip: OCALA, FL 34480

Title: MGRM
Name: CARLO, JOSEPH
Address: 17 POPLAR TRAIL
City-St-Zip: OCALA, FL 34480

Title: MGRM
Name: ALEXIS, EVELINE
Address: 4 PECAN PASS DR
City-St-Zip: OCALA, FL 34472

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 Statues.

SIGNATURE: GUILENE JOSEPH MGR 04/23/2012

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