

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001869

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** REGIONAL HOME CARE - NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

8352 BLUEBONNET BLVD.  
BATON ROUGE, LA 70810

**New Principal Place of Business:**

**Current Mailing Address:**

8352 BLUEBONNET BLVD.  
BATON ROUGE, LA 70810

**New Mailing Address:**

**FEI Number:** 26-1793743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARMER, ANN  
412 N. COVE BLVD.  
PANAMA CITY, FL 32401 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:** LANPHIER, CHARLES  
**Address:** 8352 BLUEBONNET BLVD.  
**City-St-Zip:** BATON ROUGE, LA 70810

**Title:** MGR  
**Name:** FISHER, NANCY  
**Address:** 8352 BLUEBONNET BLVD.  
**City-St-Zip:** BATON ROUGE, LA 70810

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:** NANCY E FISHER

CFO

01/06/2012

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