

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M08000003666

FILED
Jul 26, 2011
Secretary of State

Entity Name: INNOVATIVE SENIOR CARE HOME HEALTH OF OCALA, LLC

Current Principal Place of Business:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

330 NORTH WABASH, SUITE 1400
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 26-3102340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO
Name: SHERIFF, W.E.
Address: 111 WESTWOOD PLACE #400
City-St-Zip: BRENTWOOD, TN 37027

Title: PCFO
Name: OHLENDORF, MARK W
Address: 6737 WEST WASHINGTON, #2300
City-St-Zip: MILWAUKEE, WI 53214

Title: P
Name: RIJOS, JOHN P
Address: 330 NORTH WABASH, SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: S
Name: SMITH, THOMAS A
Address: 111 WESTWOOD PLACE, SUITE 400
City-St-Zip: BRENTWOOD, TN 37027

Title: T
Name: FERGE, KRISTIN A
Address: 6737 W WASHINGTON SUITE 2300
City-St-Zip: MILWAUKEE, WI 53214

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: JOHN P. RIJOS

P

07/26/2011

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