2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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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:

111 WESTWOOD PLACE
SUITE 400
BRENTWOOD, TN 37027

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: 515 NORTH STATE STREET SUITE 1750
City-St-Zip: CHICAGO, IL 60654

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 Statues.

SIGNATURE: JOHN P. RIJOS P 04/26/2012

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