

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004050

FILED
Apr 22, 2009
Secretary of State

Entity Name: INNOVATIVE SENIOR CARE HOME HEALTH OF FORT WALTON BEACH, LLC

Current Principal Place of Business:

330 NORTH WABASH, SUITE 1400
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

330 NORTH WABASH, SUITE 1400
CHICAGO, IL 60611

New Mailing Address:

FEI Number: 26-3285780

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: MGR () Delete
Name: SHERIFF, W.E.
Address: 111 WESTWOOD PLACE, #200
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR () Delete
Name: OHLENDORF, MARK W
Address: 6737 W. WASHINGTON, #2300
City-St-Zip: MILWAUKEE, WI 53214

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

MGR

04/22/2009

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