

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004050

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 200  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

111 WESTWOOD PLACE  
SUITE 400  
BRENTWOOD, TN 37027

**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  
Name: SHERIFF, W.E.  
Address: 111 WESTWOOD PLACE, #400  
City-St-Zip: BRENTWOOD, TN 37027

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

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

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

MGR

04/05/2011

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