

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002872

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** ASCENTIA HOME HEALTH ACQUISITION, LLC

**Current Principal Place of Business:**

51 SOUTH MAIN AVENUE, SUITE 320  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

51 SOUTH MAIN AVENUE, SUITE 320  
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number:** 27-2913464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WRIGHT, THADDOUS  
51 SOUTH MAIN AVENUE, SUITE 320  
CLEARWATER, FL 33765 US

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

WRIGHT, THADDEUS  
51 SOUTH MAIN AVENUE, SUITE 320  
CLEARWATER, FL 33765 US

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: THADDEUS WRIGHT

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASCENTIA HOME HEALTH HOLDING, LLC  
Address: 51 SOUTH MAIN AVENUE, STE 320  
City-St-Zip: CLEARWATER, FL 33765

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: THADDEUS WRIGHT

CEO

02/21/2011

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