

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005612

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** STAT HOME HEALTH FLORIDA PANHANDLE, LLC

**Current Principal Place of Business:**

2190 AIRPORT RD  
STE 2450  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

2190 AIRPORT RD  
STE 2450  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 27-4395754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MITCHELL, PATRICK  
2190 AIRPORT RD  
STE 2450  
PENSACOLA, FL 32504 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:** MITCHELL, PATRICK  
**Address:** 10615 JEFFERSON HWY  
**City-St-Zip:** BATON ROUGE, LA 70809 US

**Title:** MGR  
**Name:** MARTIN, TRUDI  
**Address:** 2190 AIRPORT RD - STE 2450  
**City-St-Zip:** PENSACOLA, FL 32504 US

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: PATRICK MITCHELL      MGR      02/08/2012

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