

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012703

FILED
Apr 21, 2005
Secretary of State

Entity Name: ASCENTIA HOME HEALTH CARE, LLC

Current Principal Place of Business:

2495 ENTERPRISE RD SUITE 101
CLEARWATER, FL 33763

New Principal Place of Business:

2495 ENTERPRISE RD
SUITE 101
CLEARWATER, FL 33763

Current Mailing Address:

2495 ENTERPRISE RD SUITE 101
CLEARWATER, FL 33763

New Mailing Address:

2495 ENTERPRISE RD
SUITE 101
CLEARWATER, FL 33763

FEI Number: 20-0858721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEVTIC, HILLARY R
115 N. GROSSE AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

JEVTIC, HILLARY R
527 SCOTLAND STREET
DUNEDIN, FL 34698 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:

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: JEV TIC, HILLARY R CEO
Address: 527 SCOTLAND STREET
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Change (X) Addition
Name: COLLIGAN, RONALD J CFO
Address: 3087 BROOKFIELD LANE
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD J. COLLIGAN

MGRM

04/21/2005

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