2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# L04000012703

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:

Current Mailing Address:

2495 ENTERPRISE RD
SUITE 101
CLEARWATER, FL 33763

New Mailing Address:

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
527 SCOTLAND STREET
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

KASARJIAN, 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: HILLARY R. KASARJIAN 01/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JEVTIC, HILLARY R CEO
Address: 527 SCOTLAND STREET
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM ( ) Delete
Name: COLLIGAN, RONALD J CFO
Address: 6711 22ND AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD J. COLLIGAN CFO 01/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date