

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012703

FILED
Jan 24, 2008
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:

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** (X)

Name and Address of Current Registered Agent:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 01/24/2008

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