## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043062

Address:

City-St-Zip:

Entity Name: OMNI HOME HEALTH - DISTRICT 2, LLC

FILED Mar 20, 2009 Secretary of State

11780 W. SAMPLE ROAD, SUITE 105

City-St-Zip: CORAL SPRINGS, FL 33065

| Current Principal Place of Business:                   |                           |                               |                  | New Principal Place of Business:             |  |  |
|--|---------------------------|-------------------------------|------------------|--|--|--|
| 2101 NORTHSIDE DR., SUITE 401<br>PANAMA CITY, FL 32405 |                           |                               |                  | 742 HARRISON AVENUE<br>PANAMA CITY, FL 32401 |  |  |
| Current Mailing Address:                               |                           |                               | New I            | New Mailing Address:                         |  |  |
| 11780 W. SAM<br>CORAL SPRIN                            | 1PLE RD., S<br>NGS, FL 33 | SUITE 105<br>065              |                  |  |  |  |
| FEI Number: 20-0                                       | 0527566                   | FEI Number Applied For ( )    | FEI Number Not   | Applicable ( )                               | Certificate of Status Desired ( )      |  |
| Name and Address of Current Registered Agent:          |                           |                               |                  | Name and Address of New Registered Agent:    |  |  |
| CORPORATE<br>11380 PROSP<br>PALM BEACH                 | <b>ERITY FAR</b>          |                               |                  |  |  |  |
| The above nan  |                           | ubmits this statement for the | ourpose of chang | jing its register                            | ed office or registered agent, or both |  |
| SIGNATURE:   |                           |                               |                  |  |  |  |
|  | Electronic                | Signature of Registered Ag    | ent              |  | Date                                   |  |
| MANAGING MEMBERS/MANAGERS:                             |                           |                               |                  | ADDITIONS/CHANGES:                           |  |  |
| Title:   | 1()                       | Delete                        | Title:           | P<br>PORTNOY                                 | ( ) Change (X) Addition                |  |

Address:

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: FRED PORTNOY PRES 03/20/2009