

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086048

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** LIFELINE HOME HEALTH CARE OF LAKELAND, LLC

**Current Principal Place of Business:**

420 WEST PINHOOK ROAD, STE A  
LAFAYETTE, LA 70503

**New Principal Place of Business:**

**Current Mailing Address:**

420 WEST PINHOOK ROAD, STE A  
LAFAYETTE, LA 70503

**New Mailing Address:**

**FEI Number:** 14-1975232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: LHC HEALTH CARE GROUP OF FLORIDA, LLC  
Address: 420 W PINHOOK RD STE A  
City-St-Zip: LAFAYETTE, LA 70503

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: JOHN INDEST

MGR

04/21/2010

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