I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD D STELLY

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FEI Number: 14-1975231

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

| Title | MGR | Title | MGR | |
|-----------------|---------------------------------------|-----------------|-----------------------|--|
| Name | LHC HEALTH CARE GROUP OF | Name | LHC GROUP, INC. | |
| Address | FLORIDA, LLC 420 WEST PINHOOK ROAD | Address | 420 WEST PINHOOK ROAD | |
| Audress | 420 WEST FINHOOK ROAD | City-State-Zip: | LAFAYETTE LA 70503 | |
| City-State-Zip: | LAFAYETTE LA 70503 | | | |

DOCUMENT# L06000086051 Entity Name: LIFELINE HOME HEALTH CARE OF PORT CHARLOTTE, LLC

Current Principal Place of Business:

420 WEST PINHOOK ROAD LAFAYETTE. LA 70503

Current Mailing Address:

420 WEST PINHOOK ROAD LAFAYETTE. LA 70503 US

Certificate of Status Desired: No

ANNUAL REPORT SIGNER 04/17/2015

Date

FILED Apr 17, 2015 Secretary of State CC2756418744

Date