

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014408

**Entity Name:** MUNROE REGIONAL HOMECARE, LLC

**Current Principal Place of Business:**

420 WEST PINHOOK ROAD  
SUITE A  
LAFAYETTE, LA 70503

**Current Mailing Address:**

420 WEST PINHOOK ROAD  
SUITE A  
LAFAYETTE, LA 70503

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name LHC HEALTH CARE GROUP OF  
FLORIDA, LLC  
Address 420 W PINHOOK RD, STE A  
City-State-Zip: LAFAYETTE LA 70503

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD D STELLY

**PRESIDENT**

**03/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date