2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L01000012351

Entity Name: WEST FLORIDA HOME CARE SERVICES, LLC

Current Principal Place of Business:

4907 LILLIAN HIGHWAY
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 36173
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-3755514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, ANDREA W
240 RICLA PLACE
PENSACOLA, FL 32506 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 ( ) Delete
Name: PARSON, ANDREA
Address: PO BOX 36173
City-St-Zip: PENSACOLA, FL 32516

ADDITIONS/CHANGES:

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: ANDREA W PARSONS PRES 03/13/2008

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