

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005900

FILED
Jan 24, 2005
Secretary of State

Entity Name: ALLCARE HOME HEALTH OF FLORIDA LLC

Current Principal Place of Business:

1312-4 MARKET CIRCLE
PORT CHARLOTTE, FL 33153

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 928
CORTEZ, FL 34215

New Mailing Address:

FEI Number: 01-0620603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEESTMA, RUTH E
1625 W. MARION, SUITE 5
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

LEESTMA, RUTH E
1312-4 MARKET CIRCLE
PORT CHARLOTTE, FL 33153 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: RUTH LEESTMA

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEESTMA, RUTH
Address: 3840 MARINERS WAY, PO BOX 879
City-St-Zip: CORTEZ, FL 34215

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 for the exemption stated in Section 119.07(3)(i), 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: RUTH LEESTMA

MGR

01/24/2005

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