

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007465 1. Entity Name GUARDIAN HOME HEALTHCARE, LLC	
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Principal Place of Business 661 SE CENTRAL PARKWAY STUART FL 34994	Mailing Address 661 SE CENTRAL PARKWAY STUART FL 34994
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 73-1634229		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

000000063651
02/23/04-80169-021 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWELL, THOMAS 890 SW LIGHTHOUSE DRIVE PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Thomas S. Lowell **2/20/04 772-223-7177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #