


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90331 031 \*\*\*\*50.00

<b>DOCUMENT # L02000012023</b> 1. Entity Name <b>MEDSOUTH HOME HEALTH, L.L.C.</b>	
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Principal Place of Business <b>112 WEST VIRGINIA AVE. BONIFAY FL 32425</b>	Mailing Address <b>112 WEST VIRGINIA AVE. BONIFAY FL 32425</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>68-0506108</b>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>SEGERS, PAUL E 112 WEST VIRGINIA AVE. BONIFAY FL 32425</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WHITE, DIANNE H</b> <b>112 WEST VIRGINIA AVE.</b> <b>BONIFAY FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SEGERS, PAUL E</b> <b>112 WEST VIRGINIA AVE.</b> <b>BONIFAY FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Paul E Segers 5/26/04 850.547.5549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #