

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90191 006 ****50.00

DOCUMENT # L02000012023
 1. Entity Name
 MEDSOUTH HOME HEALTH, L.L.C.



Principal Place of Business
 112 WEST VIRGINIA AVE.
 BONIFAY, FL 32425

Mailing Address
 112 WEST VIRGINIA AVE.
 BONIFAY, FL 32425

4000-

2. Principal Place of Business
 201 N Etheridge St.
 Suite, Apt. #, etc.

3. Mailing Address
 201 N Etheridge St.
 Suite, Apt. #, etc.



03272006 Chg-LLC CR2E083 (11/05)

City & State
 Bonifay Florida
 Zip 32425 Country USA

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 Bonifay Florida
 Zip 32425 Country USA

4. FEI Number
 68-0506108

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SEGERS, PAUL E
 112 WEST VIRGINIA AVE.
 BONIFAY, FL 32425

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 201 N Etheridge St.
 City FL Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DIANNE H 112 WEST VIRGINIA AVE. BONIFAY, FL 32425 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGERS, PAUL E 112 WEST VIRGINIA AVE. BONIFAY, FL 32425 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 N Etheridge St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 N Etheridge St
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Paul E. Segers 3-27-06 850.547.5549
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #