


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000012023

1. Entity Name
MEDSOUTH HOME HEALTH, L.L.C.



Principal Place of Business Mailing Address

201 N ETHERIDGE ST **201 N ETHERIDGE ST**
BONIFAY, FL 32425 **BONIFAY, FL 32425**

DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0506108	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGERS, PAUL E
201 N ETHERIDGE ST
BONIFAY, FL 32425

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DIANNE H 201 N ETHERIDGE ST BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEGERS, PAUL E 201 N ETHERIDGE ST BONIFAY, FL 32425
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 04/26/07-80059-001 55.00

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: Dianne H. White Dianne H. White 4-13-07 850 547-5549

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