

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 09, 2007  
Secretary of State**

DOCUMENT# L02000012023

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

**Current Principal Place of Business:**

201 N ETHERIDGE ST  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

201 N ETHERIDGE ST  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 68-0506108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WHITE, DIANNE H  
201 N ETHERIDGE ST  
BONIFAY, FL 32425      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: DIANNE H. WHITE      07/09/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WHITE, DIANNE H  
Address: 201 N ETHERIDGE ST  
City-St-Zip: BONIFAY, FL 32425

Title: MGR      ( ) Delete  
Name: SEGERS, PAUL E  
Address: 201 N ETHERIDGE ST  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      (X) Change ( ) Addition  
Name: WHITE, ROGER D  
Address: 201 N ETHERIDGE ST  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANNE H. WHITE      MGR      07/09/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date