

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000012023

FILED
Jul 09, 2007
Secretary of State

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