

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012023

**FILED**  
**Apr 05, 2010**  
**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 ( )**

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

WHITE, DIANNE H  
201 N ETHERIDGE ST  
BONIFAY, FL 32425 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date