

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022221

FILED
Apr 19, 2006
Secretary of State

Entity Name: ANCHOR HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

3725 SE OCEAN BLVD.
SUITE 205
SEWALL'S POINT, FL 34996

New Principal Place of Business:

Current Mailing Address:

3725 SE OCEAN BLVD.
SUITE 205
SEWALL'S POINT, FL 34996

New Mailing Address:

FEI Number: 32-0029764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK E
215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HWY.
SUITE 100
STUART, FL 34994 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: MARK BRECHBILL

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SORDO, ARTURO S 0
Address: 15834 BARONS WAY DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: MGR () Delete
Name: RUMBLE, ALINA
Address: 3247 BESSEY CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SORDO, ARTURO S
Address: 15834 BARONS WAY DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTURO S. SORDO

MGR

04/19/2006

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