

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004222

**FILED**  
**Jan 16, 2005**  
**Secretary of State**

**Entity Name:** INTERIM HEALTH PARTNERS, LLC

**Current Principal Place of Business:**

9444 ASHFORD PLACE  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

419 ISLEBAY DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

9444 ASHFORD PLACE  
BRENTWOOD, TN 37027

**New Mailing Address:**

419 ISLEBAY DRIVE  
APOLLO BEACH, FL 33572

**FEI Number:** 30-0148258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

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

STANLEYSMITH, MILLIE PRES  
419 ISLEBAY DRIVE  
APOLLO BEACH, FL 33572 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: MILLIE STANLEYSMITH, PRESIDENT

01/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MILLIE STANLEY SMITH,  
Address: 9444 ASHFORD PLACE  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STANLEYSMITH, MILLIE PRES  
Address: 419 ISLEBAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILLIE STANLEYSMITH

PRES

01/16/2005

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