

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004222

FILED
Mar 13, 2007
Secretary of State

Entity Name: INTERIM HEALTH PARTNERS, LLC

Current Principal Place of Business:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 30-0148258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEYSMITH, MILLIE PRES
419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572 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: PRES () Delete
Name: STANLEYSMITH, MILLIE
Address: 419 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES:

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: MILLIE STANLEYSMITH

PRES

03/13/2007

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