2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L03000004222

Entity Name: INTERIM HEALTH PARTNERS, LLC

Current Principal Place of Business:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

9409 OAK ST.
RIVERVIEW, FL 33578

Current Mailing Address:

419 ISLEBAY DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

9409 OAK ST.
RIVERVIEW, FL 33578

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:

STANLEYSMITH, MILLIE PRES
9409 OAK ST.
RIVERVIEW, FL 33578 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: _____ 04/29/2008
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: PRES (X) Change ( ) Addition
Name: STANLEYSMITH, MILLIE
Address: 9409 OAK ST.
City-St-Zip: RIVERVIEW, FL 33578

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: MILLIE STANLEYSMITH PRES 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date