

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025389

FILED
Apr 28, 2004
Secretary of State

Entity Name: ACCUMED HOME HEALTH OF FLORIDA, L.L.C.

Current Principal Place of Business:

1101 GULF BREEZE PKWY, STE 357B
GULF BREEZE, FL 32661

New Principal Place of Business:

2190 AIRPORT BLVD. STE 2450
PENSACOLA, FL 32504

Current Mailing Address:

1101 GULF BREEZE PKWY, STE 357B
GULF BREEZE, FL 32661

New Mailing Address:

2190 AIRPORT BLVD. STE 2450
PENSACOLA, FL 32504

FEI Number: 20-0095510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM () Delete
Name: MCMAUDE, MICHAEL
Address: 2525 WALLINGWOOD, STE 903
City-St-Zip: AUSTIN, TX 78746

Title: MGRM () Delete
Name: CIULLA, STEVE
Address: 2809 CASCADE FALLS DRIVE
City-St-Zip: AUSTIN, TX 78738

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CIULLA, STEVE
Address: 1104 DALLAS DR. STE 234
City-St-Zip: DENTON, TX 76205

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: STEPHEN CIULLA

CEO

04/28/2004

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