

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90027 035 \*\*\*\*50.00

**DOCUMENT # L03000025389**

1. Entity Name  
**ACCUMED HOME HEALTH OF FLORIDA, L.L.C.**



Principal Place of Business  
**5401 CORPORATE WOODS DR.  
SUITE 300  
PENSACOLA, FL 32504**

Mailing Address  
**2190 AIRPORT BLVD. STE 2450  
PENSACOLA, FL 32504**

**20017190**

2. Principal Place of Business

3. Mailing Address *c/o TLC Legal Dept*  
*1983 Marcus Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 200*

City & State

City & State  
*Lake Success, NY*

Zip

Country

Zip

Country

*11042*

*Nassau*

01242006

Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0095510**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCMAUDE, MICHAEL  
2525 WALLINGWOOD, STE 903  
AUSTIN, TX 78746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CIULLA, STEVE  
1104 DALLAS DR. STE 234  
DENTON, TX 76205** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JACKIE, EVANS  
2690 S'MCKENRIEST, STE 201  
FOLEY, AL 36535** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Michael McMaude 02/16/2006*



ATTACHMENT  
20017190  
#L03000025389

The *Best* of Care in the *Best* of Environments™

Legal Department

March 13, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: 2006 Limited Liability Company Annual Report  
AccuMed Home Health of Florida, L.L.C.  
Document No.: L03000025389

Dear Sir or Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-referenced L.L.C. Also enclosed is check number 3790, payable to "Fl Dept of State" in the amount of fifty dollars (\$50.00), representing the filing fee for this report.

If you have any questions, please do not hesitate to call me at (516) 327-3377.

Very truly yours,

Ruth DeLessio  
Legal Assistant