

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 005 ****50.00

DOCUMENT # L03000027414

1. Entity Name
HOME ADVANTAGE PRIVATE HOME HEALTH, LLC



Principal Place of Business
1666 KENNEDY CAUSEWAY, STE. 305
NORTH BAY VILLAGE, FL 33141

Mailing Address
1666 KENNEDY CAUSEWAY, STE. 305
NORTH BAY VILLAGE, FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162004 Chg-LLC CR2E083 (10/03)

4. FEI Number

55-0841471

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHANTZ, LAWRENCE M
2601 SOUTH BAYSHORE DRIVE, STE. 1600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
THE LAW OFFICE OF CRAIG M. DORNE PA

Street Address (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD PM SE

City
MIAMI BEACH

FL

Zip Code
33139

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

Craig M. Dorne

2-19-04

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
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 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 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 606, Florida Statutes.

SIGNATURE:

[Signature]

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

4/15/04

Date

305993 7500

Daytime Phone #