

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038642

FILED
Jul 23, 2004
Secretary of State

Entity Name: FAMILY HOME HEALTH SERVICES, L.L.C.

Current Principal Place of Business:

2595 HARBOR BLVD., N.W., SUITE 106
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3390 TAMiami TRAIL
SUITE 204
PORT CHARLOTTE, FL 33952

Current Mailing Address:

11373 WILLOW WOOD LANE
PLYMOUTH, MI 48170

New Mailing Address:

FEI Number: 20-0050305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PILKINGTON, JAMES H
8151 LAS PALMAS WAY
NAPLES, FL 34109 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: MGR () Delete
Name: PILKINGTON, JAMES H
Address: 8151 LAS PALMAS WAY
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: RUARK, KEVIN R
Address: 11373 WILLOW WOOD LANE
City-St-Zip: PLYMOUTH, MI 48170

ADDITIONS/CHANGES:

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

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 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: KEVIN RUARK

CEO

07/23/2004

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