

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044965

FILED
Mar 31, 2005
Secretary of State

Entity Name: APEX HOME HEALTHCARE SERVICES, L.L.C.

Current Principal Place of Business:

3107 SPRING GLEN ROAD, SUITE 200
JACKSONVILLE, FL 32207

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 1402
JACKSONVILLE, FL 32216

Current Mailing Address:

3107 SPRING GLEN ROAD, SUITE 200
JACKSONVILLE, FL 32207

New Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 1402
JACKSONVILLE, FL 32216

FEI Number: 81-0637889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 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: RALSTON, NANCY G
Address: 3107 SPRING GLEN RD. SUITE 200
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RALSTON, NANCY G
Address: 6817 SOUTHPOINT PARKWAY SUITE 1402
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Change (X) Addition
Name: BURCH, LORRIE H
Address: 6817 SOUTHPOINT PARKWAY SUITE 1402
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Change (X) Addition
Name: SPRIGGS, JAMES W III
Address: 6817 SOUTHPOINT PARKWAY SUITE 1402
City-St-Zip: JACKSONVILLE, FL 32216

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: BURCH, LORRIE

CFO

03/31/2005

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