

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 25, 2006  
Secretary of State**

DOCUMENT# L04000020858

Entity Name: HOME MEDIC, L.L.C.

**Current Principal Place of Business:**

1417-1421 NE 15TH TERRACE  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

2119 N.E. 15TH TERR  
WILTON MANORS, FL 33305

**New Mailing Address:**

FEI Number: 20-0871899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOJTIK, MELISSA J  
1421 C NE 22ND STREET  
WILTON MANORS, FL 33305      US

**Name and Address of New Registered Agent:**

FOJTIK, MELISSA J  
2119 NE 15TH TERRACE  
WILTON MANORS, FL 33305      US

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: MELISSA FOJTIK      07/25/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title:      MGMR      ( ) Delete  
Name:      FOJTIK, MELISSA J  
Address:      1421 C NE 22ND ST  
City-St-Zip:      WILTON MANORS, FL 33305 US

**ADDITIONS/CHANGES:**

Title:      MGMR      (X) Change      ( ) Addition  
Name:      FOJTIK, MELISSA J  
Address:      2119 NE 15TH TERRACE  
City-St-Zip:      WILTON MANORS, FL 33305 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MELISSA FOJTIK      MGMR      07/25/2006  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date