2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# L04000025518

Entity Name: ADVANCED HOMECARE PLACEMENTS, L.L.C.

Current Principal Place of Business:

11250 ST AUGUSTINE ROAD, SUITE 15-211
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 ST AUGUSTINE ROAD, SUITE 15-211
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-1180115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDMISTON, SHARYN
11250 ST AUGUSTINE ROAD, SUITE 15-211
JACKSONVILLE, FL 32257 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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: EDMISTON, SHARYN
Address: 4330 GRAN MEADOWS LN S
City-St-Zip: JACKSONVILLE, FL 32258 US

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: SHARYN EDMISTON MGMR 08/22/2005

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