2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
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 ( )**

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EDMISTON, SHARYN
Address: 11250 ST. AUGUSTINE RD SUITE15-211
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify 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: SHARYN EDMISTON MRS 04/30/2008

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