

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073977

FILED
Feb 11, 2005
Secretary of State

Entity Name: AT HOME NURSING SERVICES, LLC

Current Principal Place of Business:

7750 PALM RIVER RD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

7750 PALM RIVER RD.
TAMPA, FL 33619

New Mailing Address:

7853 GUNN HWY
338
TAMPA, FL 33626

FEI Number: 20-1728474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADAMS, GRACELYN
13018 DARLA DR
RIVERVIEW, FL 33569 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: ADAMS, GRACELYN
Address: 13018 DARLA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR (X) Delete
Name: FFRENCH, SANDRA E
Address: 7750 PALM RIVER RD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADAMS, GRACELYN
Address: 13018 DARLA DR
City-St-Zip: RIVERVIEW, FL 33569

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: GRACELYN ADAMS

MGRM

02/11/2005

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