

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001093

Entity Name: ALLPRO HOME HEALTH, LLC

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

499-B S. INDIANA AVENUE
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

499-B S. INDIANA AVENUE
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 20-2147732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROBINSKY, BRENT L
751 S. ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

PROBINSKY, BRENT L
3414 MAGIC OAK LANE
SARASOTA, FL 34232 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: BRENT L. PROBINSKY

02/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PROBINSKY, BRENT L
Address: 499-B S. INDIANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM () Delete
Name: PROBINSKY, SUSAN
Address: 499-B S. INDIANA AVENUE
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: BRENT L. PROBINSKY

MGRM

02/01/2007

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