

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022287

FILED
Mar 14, 2006
Secretary of State

Entity Name: UNITED HOME CARE SERVICES OF NORTHWEST FLORIDA LLC.

Current Principal Place of Business:

6051 SONGBIRD DRIVE
PENSACOLA, FL 32503

New Principal Place of Business:

4400 BAYOU BLVD
BLDG 21 E
PENSACOLA, FL 32503

Current Mailing Address:

6051 SONGBIRD DRIVE
PENSACOLA, FL 32503

New Mailing Address:

4400 BAYOU BLVD
BLDG 21E
PENSACOLA, FL 32503

FEI Number: 59-0598107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUSSO, SEBASTIANO
4400 BAYOU BLVD. BLDG. 21E
PENSACOLA, FL 32503 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: MGR () Delete
Name: STONE, STACEY S
Address: 6051 SONGBIRD DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM () Delete
Name: RUSSO, SEBASTIANO
Address: 6051 SONGBIRD DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PUGH-CUNNINGHAM, MICHELLE
Address: 4400 BAYOU BLVD BLDG 21E
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM (X) Change () Addition
Name: RUSSO, SEBASTIANO
Address: 4400 BAYOU BLVD BLDG 21E
City-St-Zip: PENSACOLA, FL 32503 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: SEBASTIANO RUSSO

MGRM

03/14/2006

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