

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022287

FILED
Feb 21, 2007
Secretary of State

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

Current Principal Place of Business:

4400 BAYOU BLVD
BLDG 21 E
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
BLDG 21E
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-0598107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

STONE, STACEY
4400 BAYOU BLVD. BLDG. 21E
PENSACOLA, FL 32503 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: STACEY S STONE

02/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: STACEY, STONE S
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: STACEY S. STONE

MGRM

02/21/2007

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