2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2007
Secretary of State

DOCUMENT# L05000032056

Entity Name: HOME MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

112 E. NEW YORK AVE.
SUITE E
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730
DELAND, FL 32721

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARDING, ROBERT L ESQ.
20 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: ROWLAND, ROBERT
Address: 295 STRATFORD COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROWLAND, ROBERT
Address: 1259 TWIN RIVERS BLVD
City-St-Zip: OVIEDO, FL 32766

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: ROBERT M. ROWLAND MGMR 08/10/2007

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