2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# L05000033867

Entity Name: NURSEMD AT HOME, LLC

Current Principal Place of Business:

295 STRATFORD COURT
LAKE MARY, FL 32746

New Principal Place of Business:

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

Current Mailing Address:

295 STRATFORD COURT
LAKE MARY, FL 32746

New Mailing Address:

P.O. BOX 730
DELAND, FL 32721

FEI Number: 20-2658238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: MGRM ( ) Delete
Name: HOME MEDICAL MANAGEM, ENT, LLC
Address: 295 STRATFORD COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOME MEDICAL MANAGEM, ENT, LLC
Address: 112 E. NEW YORK AVE SUITE E
City-St-Zip: DELAND, FL 32724

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: ROBERT M. ROWLAND CEO 03/31/2006

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