

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 049 ****50.00

DOCUMENT # L05000038854

1. Entity Name
HOME HEALTH AGENCY - TULSA, LLC



Principal Place of Business
11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065

Mailing Address
11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065



2. Principal Place of Business

9810 E. 42 ST.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

City & State

TULSA, OK

City & State

01092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2828643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTNOY, FRED
11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
NAGPAL, BERNIA
11780 W. SAMPLE ROAD SUITE 105
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
SECRETARY
PORTNOY, FRED
11780 W. SAMPLE ROAD SUITE 105
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIRECTOR
NAGPAL, NARESH
11780 W. SAMPLE ROAD SUITE 105
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/12/06 954-753-4883