2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000038854

1. Entity Name

HOME HEALTH AGENCY - TULSA, LLC



Principal Place of Business

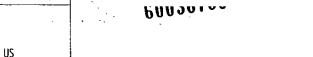
9810 EAST 42 STREET SUITE 10 TULSA, OK 74146 US Mailing Address

11780 WEST SAMPLE ROAD SUITE 105

CORAL SPRINGS, FL 33065

FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90020 012 ***138.75



DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2828643		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

NAGPAL, NARESH

CORAL SPRINGS, FL 33065

11780 WEST SAMPLE ROAD SUITE 105

NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

CORAL SPRINGS, PL 33003		IN THIS STASE			
متيعن	e ⁿ				
	named entity submits this statement for the purpose of changi tions of registered agent.	ing its registere	d office or registered agent, or both, in the S	tate of Florida. I am familiar with, and ac	cept
SIGNATURE					_
	Signature, typed or printed name of registered agent and title if applicable.	(NO1E: Registered	Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	P		•		
NAME	BAGPAL, BERNA				
STREET ADDRESS	11780 WEST SAMPLE ROAD SUITE 105				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065				
TITLE	S .				
NAME	PORTNOY, FRED				
STREET ADDRESS	11780 WEST SAMPLE ROAD SUITE 105				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065				
TITLE	D				

DO NOT WRITE IN THIS SPACE

CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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.

GING MEMBER, OR AUTHORIZED REPRESENTATIVE