

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-01-2008 90020 012 \*\*\*138.75

**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 US**

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BAGPAL, BERNA  
11780 WEST SAMPLE ROAD SUITE 105  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
PORTNOY, FRED  
11780 WEST SAMPLE ROAD SUITE 105  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
NAGPAL, NARESH  
11780 WEST SAMPLE ROAD SUITE 105  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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: *Michael Wallace* c.f.

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

Date

Daytime Phone #

*4/28/08* (954) 753-4883