2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# L05000105505

Entity Name: TOTAL HOME HEALTH CARE, LLC

Current Principal Place of Business:

1209 EAST 11TH STREET
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

1209 EAST 11TH STREET
PANAMA CITY, FL 32401 US

New Mailing Address:

P.O. BOX 200
AUGUSTA, GA 309030200 US

FEI Number: 20-3756084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERSON, GEORGIA
1209 EAST 11TH STREET
PANAMA CITY, FL 32401 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: STANLEY, JUDY L
Address: 1409 STONEBRIDGE DRIVE
City-St-Zip: GRETNA, LA 70056

Title: MGR ( ) Delete
Name: GEORGIA, PIERSON
Address: 1209 EAST 9TH STREET
City-St-Zip: PANAMA CITY, FL 32401 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRIFFIN, RICK W
Address: ONE TENTH STREET, SUITE 500
City-St-Zip: AUGUSTA, GA 309010103 US

Title: MGR (X) Change ( ) Addition
Name: SOUTHERN, JOHN M
Address: ONE TENTH STREET, SUITE 500
City-St-Zip: AUGUSTA, GA 309010103 US

Title: MGRM ( ) Change (X) Addition
Name: CARESOUTH HHA HOLDINGS, LLC
Address: ONE TENTH STREET, SUITE 500
City-St-Zip: AUGUSTA, GA 309010103 US

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: JOHN M. SOUTHERN MGR 09/02/2009

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