

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 13, 2007
Secretary of State**

DOCUMENT# L05000115714

Entity Name: HOME HEALTH CARE LLC

Current Principal Place of Business:

198 NW MAGNOLIA LAKES BLVD
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

198 NW MAGNOLIA LAKES BLVD
PORT ST LUCIE, FL 34986 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, MERLINE J
198 NW MAGNOLIA LAKES BLVD
PORT ST LUCIE, FL 34986 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: PEARCE, MERLINE J
Address: 198 NW MAGNOLIA LAKES BLVD
City-St-Zip: PORT ST LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MERLINE J PEARCE MGRM 04/13/2007

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