

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121178

Entity Name: M.D. HOME HEALTH, LLC

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

5201 VILLAGE BOULEVARD
SUITE B
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5201 VILLAGE BOULEVARD
SUITE B
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 86-1154441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERSON, MARIO D
5201 VILLAGE BOULEVARD
SUITE B
WEST PALM BEACH, FL 33407 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: MGR () Delete
Name: DICKERSON, MARIAN
Address: 5201 VILLAGE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33407

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

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MARIO, DICKERSON D
Address: 5201 VILLAGE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33407

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: MARIO DICKERSON

MGRM

02/16/2006

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