

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121178

1. Entity Name  
M.D. HOME HEALTH, LLC



**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5201 VILLAGE BOULEVARD  
SUITE B  
WEST PALM BEACH, FL 33407

Mailing Address  
5201 VILLAGE BOULEVARD  
SUITE B  
WEST PALM BEACH, FL 33407



09042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1154441

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DICKERSON, MARIO D  
5201 VILLAGE BOULEVARD  
SUITE B  
WEST PALM BEACH, FL 33407

**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**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DICKERSON, MARIAN  
5201 VILLAGE BOULEVARD  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MARIO, DICKERSON D  
5201 VILLAGE BOULEVARD  
WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000959323  
09/09/08-80006-009 138.75

**DO NOT WRITE  
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:

*Marian Dickerson*