2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000020970

1. Entity Name
HOME HEALTH AGENCY - OCALA, LLC

Principal Place of Business	Mailing Address
2609 SW 33 ST UNIT 102 STE 2 OCALA, FL 34474	11780 WEST SAMPLE ROAD SUITE 105 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

6003b7bb

04292008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4449033	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

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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	P
NAME	NAGPAL, BEENA
STREET ADDRESS	11780 W SAMPLE RD STE 105
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	S
NAME	PORTNEY, FRED
STREET ADDRESS	11780 W SAMPLE RD STE 105
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	MGR
NAME	NAGPAL, NARESH
STREET ADDRESS	11780 W SAMPLE RD STE 105
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Mitch Wallace_ CFO   4/28/08   (954)753-4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
MITCH WALLACE