

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042526

Entity Name: VISITING HOMECARE LLC

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

4640 LIPSCOMB ST NE  
SUITE 15  
PALM BAY, FL 32905 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 500389  
MALABAR, FL 32950 US

## New Mailing Address:

FEI Number: 20-4766152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBER, ROBERT E  
1035 OAK TREE PLACE  
MALABAR, FL 32950 US

## Name and Address of New Registered Agent:

WEBER, ROBERT E  
4640 LIPSCOMB ST NE  
SUITE 15  
PALM BAY, FL 32905 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WEBER, ROBERT E  
Address: 1035 OAK TREE PLACE  
City-St-Zip: MALABAR, FL 32950 US

Title: MGRM ( ) Delete  
Name: WEBER, DANA  
Address: 1035 OAK TREE PLACE  
City-St-Zip: MALABAR, FL 32950 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: WEBER, ROBERT E  
Address: 4640 LIPSCOMB ST NE, SUITE 15  
City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM (X) Change ( ) Addition  
Name: WEBER, DANA  
Address: 4640 LIPSCOMB ST NE, SUITE 15  
City-St-Zip: PALM BAY, FL 32905 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: ROBERT E WEBER

MGR

03/24/2009

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