

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048745

FILED
Jan 08, 2007
Secretary of State

Entity Name: HYGEIA HOME HEALTH, L.L.C.

Current Principal Place of Business:

817 35TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

2429 CENTRAL AVENUE
SUITE #211
ST. PETERSBURG, FL 33713

Current Mailing Address:

817 35TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

2429 CENTRAL AVENUE
SUITE #211
ST. PETERSBURG, FL 33713

FEI Number: 20-4759221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILBERT, BENJAMIN
817 35TH AVENUE NORTH
ST. PETERSBURG, FL 33704 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: GILBERT, BENJAMIN
Address: 817 35TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGR () Delete
Name: FARKAS, CSILLA
Address: 817 35TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

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

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: CSILLA FARKAS

MGR

01/08/2007

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