2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L06000048745

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

Current Principal Place of Business:

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

New Principal Place of Business:

6630 34TH AVENUE NORTH
ST. PETERSBURG, FL 33710

Current Mailing Address:

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

New Mailing Address:

6630 34TH AVENUE NORTH
ST. PETERSBURG, FL 33710

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 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 01/09/2009

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