
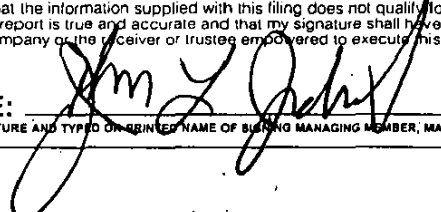


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90150 001 \*\*\*\*55.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                              |                                                                                                                                                                                                                                       |                                                                                            |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|
| <b>DOCUMENT # L06000086052</b><br>1. Entity Name<br><b>LIFELINE HOME HEALTH CARE OF ST. PETERSBURG, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                              |                                                                                                                                                                                                                                       |           |                                        |
| Principal Place of Business<br><b>420 WEST PINHOOK ROAD, STE A<br/>LAFAYETTE, LA 70503</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                              | Mailing Address<br><b>420 WEST PINHOOK ROAD, STE A<br/>LAFAYETTE, LA 70503</b>                                                                                                                                                        |                                                                                            |                                        |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                                            |                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                              | City & State                                                                                                                                                                                                                          |                                                                                            |                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | Country                                                      |                                                                                                                                                                                                                                       | Zip                                                                                        |                                        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Country                                                      |                                                                                                                                                                                                                                       | 4. FEI Number<br>05042007 Chg-LLC CR2E083 (12/06)                                          |                                        |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                              |                                                                                                                                                                                                                                       | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |                                        |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                            |                                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                |                                 |                                                              |                                                                                                                                                                                                                                       |                                                                                            |                                        |
| <b>Filing Fee is \$50.00<br/>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                                                                                                       |                                                                                            |                                        |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                              | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                 |                                                                                            |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                        |
| 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. |                                 |                                                              |                                                                                                                                                                                                                                       |                                                                                            |                                        |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                              | Date<br><b>05/04/07</b>                                                                                                                                                                                                               |                                                                                            | Daytime Phone #<br><b>337-233-1307</b> |