

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086052

FILED  
Jun 13, 2008  
Secretary of State

**Entity Name:** LIFELINE HOME HEALTH CARE OF ST. PETERSBURG, LLC

**Current Principal Place of Business:**

420 WEST PINHOOK ROAD, STE A  
LAFAYETTE, LA 70503

**New Principal Place of Business:**

**Current Mailing Address:**

420 WEST PINHOOK ROAD, STE A  
LAFAYETTE, LA 70503

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LHC GROUP, INC.,  
Address: 420 WEST PINHOOK RD SUITE A  
City-St-Zip: LAFAYETTE, LA 70503

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LHC GROUP, INC.,  
Address: 420 WEST PINHOOK RD SUITE A  
City-St-Zip: LAFAYETTE, LA 70503

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: LHC GROUP, INC

MGR

06/13/2008

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