2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007
Secretary of State

DOCUMENT# L06000088296

Entity Name: HOMEWOOD HOME HEALTH, LLC

Current Principal Place of Business:

3880 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33066

New Principal Place of Business:

3880 COCONUT CREEK PARKWAY
202
COCONUT CREEK, FL 33066

Current Mailing Address:

3880 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33066

New Mailing Address:

3880 COCONUT CREEK PARKWAY
202
COCONUT CREEK, FL 33066

FEI Number: 38-3745219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

JOHN, MATHEW T
3880 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

JOHN, MATHEW T
3880 COCONUT CREEK PARKWAY
202
COCONUT CREEK, FL 33066 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: MATHEW T JOHN 05/11/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: JOHN, MATHEW T
Address: 15515 ROLLING MEADOW CIRCLE
City-St-Zip: WELLINGTON, FL 33414 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: MATHEW T JOHN P 05/11/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date