

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089624

FILED
Jul 06, 2007
Secretary of State

Entity Name: LEEDER HOME HEALTH CARE SERVICES LLC

Current Principal Place of Business:

2426 RIDGEMOOR DR.
ORLANDO, FL 32828

New Principal Place of Business:

499 N. STATE RD. 434 STE 2105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2426 RIDGEMOOR DR.
ORLANDO, FL 32828

New Mailing Address:

499 N. STATE RD. 434 STE 2105
ALTAMONTE SPRINGS, FL 32828

FEI Number: 20-5603122 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:

SANTOS, ELDEN F
2426 RIDGEMOOR DR.
ORLANDO, FL 32828 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: SANTOS, ELDEN F
Address: 2426 RIDGEMOOR DR.
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

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: ELDEN SANTOS

PRS

07/06/2007

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