

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091931

FILED  
Feb 21, 2008  
Secretary of State

**Entity Name:** GREYSTONE HOME HEALTHCARE LLC

**Current Principal Place of Business:**

2405 NORTH HIGHWAY 441  
BUILDING #2  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

3922 COCONUT DRIVE, SUITE 102  
TAMPA, FL 336191394

**New Mailing Address:**

**FEI Number:** 20-5582824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete  
Name: GREYSTONE HEALTHCARE, SERVICES INC.  
Address: 152 WEST 57TH STREET, 60TH FLOOR  
City-St-Zip: NEW YORK, NY 100193310

**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: CONNIE BESSLER

PRES

02/21/2008

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