

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90020 010 ***138.75

DOCUMENT # L06000099247

1. Entity Name
HOME HEALTH AGENCY - SOUTHWESTERN PA, LLC



Principal Place of Business
**105 PFERRER RD
STE 4
EXPORT, PA 15632**

Mailing Address
**11780 WEST SAMPLE ROAD, STE. 105
CORAL SPRINGS, FL 33065**

60036767



04292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-5811625 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**PORTNOY, FRED
11780 WEST SAMPLE ROAD, STE. 105
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAGPAL, BEENA 11780 W SAMPLE RD STE 105 CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PORTNEY, FRED 11780 W SAMPLE RD STE 105 CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NAGPAL, NARESH 11780 W SAMPLE RD STE 105 CORAL SPRINGS, FL 33065 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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.

SIGNATURE: *Matthew Wallace, CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

(954) 753-4883

Daytime Phone #