

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107980

Entity Name: A. FLORA HOME HEALTH, LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

7601 TERRACE RIVER DRIVE
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

13343 NORTH 56TH STREET
TAMPA, FL 33617 US

Current Mailing Address:

7601 TERRACE RIVER DRIVE
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTAR, SALAH
7601 TERRACE RIVER DRIVE
TEMPLE TERRACE, FL 33637 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: ANTAR, SALAH
Address: 7601 TERRACE RIVER DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: MGRM () Delete
Name: ANTAR, FLORA
Address: 7601 TERRACE RIVER DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: MGRM () Delete
Name: MOHAMED, SHAWKY
Address: 7601 TERRACE RIVER DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33637 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SALAH ANTAR

MGRM

04/06/2007

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