


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90100 023 \*\*\*138.75

DOCUMENT # L07000004848	
1. Entity Name RELIABLE HOME THERAPY LLC	

Principal Place of Business 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952 US	Mailing Address 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952 US
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2. Principal Place of Business - No P.O. Box # 4161 Tamiami TRAIL	3. Mailing Address 4161 Tamiami TRAIL
Suite, Apt. #, etc. STE 704	Suite, Apt. #, etc. STE 704

1st MOORE CR2E083 (10/07)

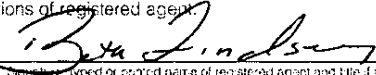
City & State PORT CHARLOTTE FL	City & State PORT CHARLOTTE FL
Zip 33952	Zip 33952
Country CHARLOTTE	Country CHARLOTTE

4. FEI Number 20-8237315	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  LINDSEY, BETH 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952	
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7. Name and Address of New Registered Agent Name LINDSEY Beth Street Address (P.O. Box Number is Not Acceptable) 4161 Tamiami TRAIL STE 704 City PORT CHARLOTTE FL Zip Code 33952	
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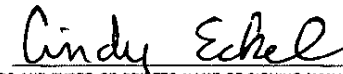
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1-31-08

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDSEY, BETH 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EKEL, CINDY 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBENSHAIN, CAROLYN 2886 TAMiami TRAIL #5 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE 1/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	