

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031981

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: C&J HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

506 S. HIGHWAY 27, SUITE E  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

506 S. HIGHWAY 27, SUITE E  
MINNEOLA, FL 34715

**New Mailing Address:**

FEI Number: 11-3809488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACQUES, WAYNE A  
201 AMBER BOULEVARD  
AUBURNDALE, FL 33823 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: JACQUES, WAYNE A  
Address: 201 AMBER BOULEVARD  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete  
Name: GILL, GABRIELLE M  
Address: 3415 WEST END AVENUE #912  
City-St-Zip: NASHVILLE, TN 37203

Title: MGR ( ) Delete  
Name: JACQUES, VALERIE I  
Address: 201 AMBER BOULEVARD  
City-St-Zip: AUBURNDALE, FL 33823

Title: MGR ( ) Delete  
Name: COOK, KENNETH SAMUEL  
Address: 3415 WEST END AVENUE #912  
City-St-Zip: NASHVILLE, TN 37203

**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:

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: WAYNE A. JACQUES

MGRM

01/16/2009

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