2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074403

Entity Name: NO PLACE LIKE HOMECARE, LLC

FILED Apr 14, 2009 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

12800 INDIAN ROCKS RD BLDG. 1 STE. 2C LARGO, FL 33774 US

Current Mailing Address: New Mailing Address:

4532 W. KENNEDY BLVD STE. #445 TAMPA, FL 33609 US

FEI Number: 26-0570495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHAFFINS, JOEL A
9479 TARA CAY DR.
SEMINOLE, FL 33776
US
RAYMER, DANIELLE E
17817A GULF BLVD.
REDINGTON SHORES, FL 33708

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: DANIELLE E RAYMER 04/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CHAFFINS, JOEL A Name: CHAFFINS, JOEL A

Address: 9479 TARA CAY DR. Address: 17817A GULF BLVD.

City-St-Zip: SEMINOLE, FL 33776 US City-St-Zip: REDINGTON SHORES, FL 33708 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: RAYMER, DANIELLE E Name: RAYMER, DANIELLE E Address: 9479 TARA CAY DR. Address: 17817A GULD BLVD.

City-St-Zip: SEMINOLE, FL 33776 US City-St-Zip: REDINGTON SHORES, FL 33708 US

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: DANIELLE E RAYMER MGR 04/14/2009