

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079024

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: SOLANA HOME HEALTH AGENCY LLC

## Current Principal Place of Business:

4218 NOBLE PLACE  
PARRISH, FL 34219

## New Principal Place of Business:

3575 WEBBER ST.  
SUITE 109  
SARASOTA, FL 34239

## Current Mailing Address:

4218 NOBLE PLACE  
PARRISH, FL 34219

## New Mailing Address:

3575 WEBBER ST.  
SUITE 109  
SARASOTA, FL 34239

FEI Number: 26-0643237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYES, WALTER  
4218 NOBLE PLACE  
PARRISH, FL 34219 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: MGR ( ) Delete  
Name: REYES, WALTER  
Address: 4218 NOBLE PLACE  
City-St-Zip: PARRISH, FL 34219

Title: MGR ( ) Delete  
Name: WICKS, KEVIN  
Address: 1721 OLD SUMMERWOOD BLVD.  
City-St-Zip: SARASOTA, FL 34232

Title: MGR ( ) Delete  
Name: GILBERTI, THOMAS JR.  
Address: 4124 VIA MIRADA  
City-St-Zip: SARASOTA, FL 34238

Title: MGR ( ) Delete  
Name: HERC, DONALD R  
Address: 5831 LEXINGTON DRIVE  
City-St-Zip: PARRISH, FL 34219

## 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: THOMAS GILBERTI, JR.

MGR

02/21/2008

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