

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079024

FILED
Sep 10, 2009
Secretary of State

Entity Name: SOLANA HOME HEALTH AGENCY LLC

Current Principal Place of Business:

3575 WEBBER ST.
SUITE 109
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3575 WEBBER ST.
SUITE 109
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-0643237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REYES, WALTER
4218 NOBLE PLACE
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

GILBERTI, THOMAS A CFO
3575 WEBBER ST.
SUITE 109
SARASOTA, FL 34239 US

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: THOMAS GILBERTI

09/10/2009

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 (X) 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: MR. (X) Change () Addition
Name: GILBERTI, THOMAS A CFO
Address: 3575 WEBBER ST.
City-St-Zip: SARASOTA, FL 34239

Title: MR. (X) Change () Addition
Name: WICKS, KEVIN D PRES.
Address: 1721 OLD SUMMERWOOD BLVD.
City-St-Zip: SARASOTA, FL 34232

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

Title: MR. (X) Change () Addition
Name: HERC, DONALD R SEC.
Address: 5831 LEXINGTON DRIVE
City-St-Zip: PARRISH, FL 34219

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

MR.

09/10/2009

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