2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000090782

Entity Name: LUTHERAN HAVEN HOME HEALTHCARE, LLC

Current Principal Place of Business:

2041 WEST STATE ROAD 426
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2041 WEST STATE ROAD 426
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 26-1825919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: ED ( ) Delete
Name: KOVAC, DONALD L ED
Address: 2041 WEST STATE ROAD 426
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: T ( ) Change (X) Addition
Name: MOSCHLER, MARY G
Address: 2041 W STATE RD 426
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Change (X) Addition
Name: UTECH, WILLIAM G
Address: 937 FOREST LAKE COURT
City-St-Zip: BALLWIN, MO 63021

Title: PD ( ) Change (X) Addition
Name: HANAS, SUSAN
Address: 2345 MIKLER ROAD
City-St-Zip: OVIEDO, FL 32765

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: DONALD L KOVAC ED 01/19/2009

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