2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2010
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
Name: KOVAC, DONALD L ED
Address: 2041 WEST STATE ROAD 426
City-St-Zip: OVIEDO, FL 32765

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

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

Title: PD
Name: HANAS, SUSAN
Address: 2345 MIKLER ROAD
City-St-Zip: OVIEDO, FL 32765

I hereby 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 Statues.

SIGNATURE: DONALD L KOVAC ED 01/29/2010

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