

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103411

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALMOST FAMILY PC OF SW FLORIDA, LLC

Current Principal Place of Business:

9510 ORMSBY STATION ROAD, SUITE 300
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9510 ORMSBY STATION ROAD, SUITE 300
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 26-1261522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: NATIONAL HEALTH INDUSTRIES, INC.
Address: 9510 ORMSBY STATION ROAD, SUITE 300
City-St-Zip: LOUISVILLE, KY 40223

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

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

ADDITIONS/CHANGES:

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

Title: CEO () Change (X) Addition
Name: YARMUTH, WILLIAM B
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: P () Change (X) Addition
Name: HENGST, CARLA
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: VP () Change (X) Addition
Name: LYLES, TODD
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: VP () Change (X) Addition
Name: WALKER, JOHN
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

Title: ST () Change (X) Addition
Name: GUENTHNER, STEVE
Address: 9510 ORMSBY STATION ROAD STE 300
City-St-Zip: LOUISVILLE, KY 40223

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: JOHN WALKER

VP

04/27/2009

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