

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038157

FILED
Mar 25, 2009
Secretary of State

Entity Name: PALMS PERSONAL CARE SERVICES, LLC

Current Principal Place of Business:

1175 PEACHTREE STREET, SUITE 1230
ATLANTA, GA 30361

New Principal Place of Business:

Current Mailing Address:

1175 PEACHTREE STREET, SUITE 1230
ATLANTA, GA 30361

New Mailing Address:

P. O. BOX 8779
ATLANTA, GA 31106

FEI Number: 26-2484301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLURE, JOHN K ESQ.
230 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

MCCLURE, JOHN K ESQ.
211 SOUTH RIDGEWOOD DRIVE
SEBRING, FL 33870 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: _____

Electronic Signature of Registered Agent

03/25/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCMULLAN, JOHN E ESQ.
Address: C/O J. MCCLURE 211 SOUTH RIDGEWOOD DRIVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCMULLAN, JOHN E ESQ.
Address: P. O. BOX 8779
City-St-Zip: ATLANTA, GA 31106

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 E. MCMULLAN

MM

03/25/2009

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