

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043066

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** OMNI HOME HEALTH - JACKSONVILLE, LLC

**Current Principal Place of Business:**

9143 PHILLIPS HWY., SUITE 190  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

9143 PHILLIPS HWY., SUITE 195  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11780 W. SAMPLE RD., SUITE 105  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 59-3754764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: PORTNOY, FRED PRES  
Address: 11780 W. SAMPLE ROAD, SUITE 105  
City-St-Zip: CORAL SPRINGS, FL 33065

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: FRED PORTNOY

PRES

03/20/2009

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