2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000047119

Entity Name: MEDICAL HOMECARE HOLDINGS, LLC

Current Principal Place of Business:

400 S AUSTRALIAN AVE - # 300
W PALM BEACH, FL 33401

New Principal Place of Business:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

400 S AUSTRALIAN AVE - # 300
W PALM BEACH, FL 33401

New Mailing Address:

4664 LAKE WORTH ROAD
LAKE WORTH, FL 33463

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

Name and Address of Current Registered Agent:

KOEPPEL, JOEL P
400 S AUSTRALIAN AVE - # 300
W PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LECKER, MAURICE J
4664 LAKE WORTH ROAD
LAKE WORTH ROAD, FL 33463 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: MAURICE LECKER 03/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: VP ( ) Change (X) Addition
Name: LECKER, MAURICE J
Address: 4664 LAKE WORTH ROAD
City-St-Zip: LAKE WORTH, FL 33463

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: MAURICE LECKER VP 03/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date