2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088615

Entity Name: MEDISHIELD HOME HEALTHCARE L.L.C

FILED Jun 03, 2009 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

12701 S.JOHN YOUNG PKWY 12701 S.JOHN YOUNG PKWY

207

ORLANDO, FL 32837 ORLANDO, FL 32837

New Mailing Address: Current Mailing Address:

12701 S.JOHN YOUNG PKWY 12701 S.JOHN YOUNG PKWY

207

ORLANDO, FL 32837 ORLANDO, FL 32837

FEI Number: 26-3374009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEEPAK, ADVANI 12701 S.JOHN YOUNG PKWY ORLANDO, FL 32837 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 Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition Name: Name:

DEEPAK, ADVANI DEEPAK, ADVANI

Address: 12701 S.JOHN YOUNG PKWY# 215 Address: 12701 S.JOHN YOUNG PKWY# 207

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

() Change (X) Addition Title: Title: MGRM () Delete

Name: Name: ANIL, KUMAR Address: Address: 3516 OSPREY COVE City-St-Zip: City-St-Zip: RIVERVEIW, FL 33569

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: DEEPAK ADVANI **MGRM** 06/03/2009