2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L08000101050

Entity Name: PINARD HOME HEALTH SERVICES, LLC

Current Principal Place of Business:

4849 S.E. 110TH STREET, SUITE 57
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

4849 S.E. 110TH STREET, SUITE 57
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 59-3712361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRIMI, MICHAEL
10762 SOUTH U.S. HIGHWAY 441
BELLEVIEW, FL 34420 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: CRIMI, MICHAEL
Address: 10762 S. U.S. HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM ( ) Delete
Name: CORNELIUS, MARC
Address: 4849 S.E. 110TH STREET, SUITE 57
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES:

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

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

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: MICHAEL CRIMI MGRM 04/15/2009

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