2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2012
Secretary of State

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Entity Name: A GIFT OF LIFE HOME CARE NURSING, LLC

Current Principal Place of Business:

13 BLACK OAK CT
PALM COAST, FL 32137

New Principal Place of Business:

9 WENDY LN
PALM COAST, FL 32164

Current Mailing Address:

13 BLACK OAK CT
PALM COAST, FL 32137

New Mailing Address:

9 WENDY LN
PALM COAST, FL 32164

FEI Number: 43-2092018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REV. KATHLEEN A. HAGERMAN, ORD., MTH
13 BLACK OAK CT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

DR KATHLEEN A. HAGERMAN, ORD., D.D.
9 WENDY LN
PALM COAST, FL 32164 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: DR. KATHLEEN ANN HAGERMAN 08/27/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HAGERMAN, KATHLEEN DR
Address: 9 WENDY LN
City-St-Zip: PALM COAST, FL 32164

Title: MGRM
Name: HAGERMAN, RICHARD
Address: 9 WENDY LN
City-St-Zip: PALM COAST, FL 32164

I hereby 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 Statues.

SIGNATURE: KATHLEEN ANN HAGERMAN DR. 08/27/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date