2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# M02000002351

Entity Name: MID-SOUTH HOME HEALTH AGENCY, LLC

Current Principal Place of Business:

430 WEST MAIN ST
SUITE 1
DOTHAN, AL 36301

New Principal Place of Business:

Current Mailing Address:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339

New Mailing Address:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747 US

FEI Number: 82-0559199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUMBERGEXCESLIOR COPPORATE SERIVICES, INC
4435 OLD WINTER GARDEN RD
ORLANDO, FL 32811 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: MGR ( ) Delete
Name: HORIZON HEALTH NETWO, RK LLC
Address: 2740 HEADLAND AVENUE
City-St-Zip: DOTHAN, AL 36303

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

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

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

ADDITIONS/CHANGES:

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

Title: C D ( ) Change (X) Addition
Name: MALONE, RONALD A
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: T D ( ) Change (X) Addition
Name: POTAPCHUK, JOHN R
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: S D ( ) Change (X) Addition
Name: PAIGE, STEPHEN B
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN B PAIGE S D 03/28/2007

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