

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002351

FILED  
Feb 18, 2008  
Secretary of State

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:**

3 HUNTINGTON QUADRANGLE  
SUITE 200S  
MELVILLE, NY 11747 US

**Current Mailing Address:**

3 HUNTINGTON QUADRANGLE  
SUITE 200S  
MELVILLE, NY 11747 US

**New Mailing Address:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

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: STEPHEN B PAIGE

S

02/18/2008

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