

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002352

**FILED**  
**Jan 31, 2006**  
**Secretary of State**

**Entity Name:** MID-SOUTH HOME CARE SERVICES, LLC

**Current Principal Place of Business:**

430 WEST MAIN ST  
SUITE 1  
DOTHAN, AL 36301

**New Principal Place of Business:**

**Current Mailing Address:**

430 WEST MAIN ST  
SUITE 1  
DOTHAN, AL 36301

**New Mailing Address:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339

**FEI Number:** 82-0559231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE SUITE 4  
WESTON, FL 33331 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

**ADDITIONS/CHANGES:**

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

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:** RODNEY D. WINDLEY

CEO

01/31/2006

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