

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002352

FILED
Apr 13, 2012
Secretary of State

Entity Name: MID-SOUTH HOME CARE SERVICES, LLC

Current Principal Place of Business:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 US

New Principal Place of Business:

Current Mailing Address:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 82-0559231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 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: JOSE MOJICA

04/13/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HORIZON HEALTH NETWORK LLC
Address: 2740 HEADLAND AVENUE
City-St-Zip: DOTHAN, AL 36303

Title: P
Name: STRANGE, TONY
Address: 3350 RIVERWOOD PARKWAY, SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: T
Name: SLUSSER, ERIC R
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: S
Name: CAMPERLENGO, JOHN N
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

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 Statutes.

SIGNATURE: JOHN N CAMPERLENGO

S

04/13/2012

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