

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000115

FILED
Apr 27, 2006
Secretary of State

Entity Name: TOTAL PATIENT CARE HOME HEALTH, LLC

Current Principal Place of Business:

6820 SOUTH POINT PARKWAY, #4
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6820 SOUTH POINT PARKWAY, #4
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2085871

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

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

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

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: ARRINGTON, RONALD R
Address: 633 CHESTNUT STREET
City-St-Zip: CHATTANOOGA, TN 37450

Title: MR. () Change (X) Addition
Name: MURRAY, V. T JR.
Address: ONE UNION SQUARE, SUITE 300
City-St-Zip: CHATTANOOGA, TN 37402

Title: MR. () Change (X) Addition
Name: MARSHALL, ROBERT S
Address: ONE UNION SQUARE, SUITE 300
City-St-Zip: CHATTANOOGA, TN 37402

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: ROBERT S. MARSHALL

MR.

04/27/2006

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