

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90225 002 \*\*\*\*50.00

**DOCUMENT #** M97000000600

1. Entity Name  
**ORECK HOMECARE, LLC**

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**942749**

2. Principal Place of Business <b>100 Plantation Road</b>		3. Mailing Address <b>100 Plantation Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>New Orleans, LA</b>		City & State <b>New Orleans, LA</b>	
Zip <b>70123</b>	Country <b>USA</b>	Zip <b>70123</b>	Country <b>USA</b>

4. FEI Number <b>72-129437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <b>C T Corporation Sys, Te</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1200 South Pine Island</b>	
City <b>Plantation</b>	FL Zip Code <b>33324</b>

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Eiermann, Mike 100 Plantation Rd New Orleans, LA 70123</b>
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** 