


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90039 007 ***150.00

DOCUMENT # M98000001603 1. Entity Name NEW HOME HEALTH CARE SERVICES LLC					
Principal Place of Business 400 LOCUST STREET, SUITE 820 DES MOINES IA 50309-2334			Mailing Address 400 LOCUST STREET, SUITE 820 DES MOINES IA 50309-2334		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1479861	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURSTON, STAN G 400 LOCUST STREET, SUITE 820 DES MOINES IA 50309-2334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, MARY J 800 NW 17TH AVENUE DELRAY BEACH FL 33445	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNY, EDWARD R 400 LOCUST STREET, SUITE 820 DES MOINES IA 50309-2334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIS, ARTHUR V 400 LOCUST STREET, SUITE 820 DES MOINES IA 50309-2334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Rebecca S. Stoll</i> Rebecca S. Stoll, Assistant Secretary 4-13-04 (515) 875-4674					



MOORE CR2E083 (11/03)