


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001603	
1. Entity Name NEW HOME HEALTH CARE SERVICES LLC	

Principal Place of Business	Mailing Address
400 LOCUST STREET, SUITE 820 DES MOINES, IA 50309-2334	400 LOCUST STREET, SUITE 820 DES MOINES, IA 50309-2334

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1479861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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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 reinstalling) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

U000000325670
04/23/05-80025-001 1400.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURSTON, STAN G 400 LOCUST STREET, SUITE 820 DES MOINES, IA 503092334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, MARY J 800 NW 17TH AVENUE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNY, EDWARD R 400 LOCUST STREET, SUITE 820 DES MOINES, IA 503092334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIS, ARTHUR V 400 LOCUST STREET, SUITE 820 DES MOINES, IA 503092334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rebecca S. Stoll *Rebecca S. Stoll, Assistant Secretary 4-19-05 (515) 875-4674*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #