2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# M98000001603

Entity Name: NEW HOME HEALTH CARE SERVICES LLC

Current Principal Place of Business:

400 LOCUST STREET, SUITE 820
DES MOINES, IA 503092334

New Principal Place of Business:

Current Mailing Address:

400 LOCUST STREET, SUITE 820
DES MOINES, IA 503092334

New Mailing Address:

FEI Number: 42-1479861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGR	( ) Delete
Name:	KENNY, EDWARD R	
Address:	400 LOCUST STREET, SUITE 820	
City-St-Zip:	DES MOINES, IA 503092334	
Title:	MGR	( ) Delete
Name:	HARRISON, MARY J	
Address:	800 NW 17TH AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	MGR	( ) Delete
Name:	NELSON, JOEL D	
Address:	400 LOCUST STREET, SUITE 820	
City-St-Zip:	DES MOINES, IA 503092334	
Title:	MGR	( ) Delete
Name:	BRIDGEWATER, DIANE C	
Address:	400 LOCUST STREET, SUITE 820	
City-St-Zip:	DES MOINES, IA 503092334	
Title:	MGR	( ) Delete
Name:	STOLL, REBECCA S	
Address:	400 LOCUST STREET, SUITE 820	
City-St-Zip:	ALTOONA, IA 503092334	
Title:	MGR	( ) Delete
Name:	PICKHARDT, WILLIAM C	
Address:	800 NW 17TH AVENUE	
City-St-Zip:	DELRAY BEACH, FL 33445	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA S. STOLL MGR 04/27/2008

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