

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001603

FILED
Apr 23, 2009
Secretary of State

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 (X) Delete
Name: HARRISON, MARY J
Address: 800 NW 17TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Delete
Name: NELSON, JOEL D
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 503092334

Title: MGR (X) Delete
Name: BRIDGEWATER, DIANE C
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 503092334

Title: MGR (X) Delete
Name: STOLL, REBECCA S
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: ALTOONA, IA 503092334

Title: MGR (X) Delete
Name: PICKHARDT, WILLIAM C
Address: 800 NW 17TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LCS HOLDINGS, INC.
Address: 400 LOCUST STREET, SUITE 820
City-St-Zip: DES MOINES, IA 503092334

Title: () Change () Addition
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Address:
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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, MANAGING MEMBER

AS

04/23/2009

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