

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90751 005 \*\*\*\*50.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **42-1479861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION-SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **THURSTON, STAN G**  
STREET ADDRESS **400 LOCUST STREET, SUITE 820**  
CITY-ST-ZIP **DES MOINES IA 50309-2334**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **HARRISON, MARY J**  
STREET ADDRESS **800 NW 17TH AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **KENNY, EDWARD R**  
STREET ADDRESS **400 LOCUST STREET, SUITE 820**  
CITY-ST-ZIP **DES MOINES IA 50309-2334**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **NEIS, ARTHUR V**  
STREET ADDRESS **400 LOCUST STREET, SUITE 820**  
CITY-ST-ZIP **DES MOINES IA 50309-2334**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rebecca A. Stachurski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-8-03 (515) 875-4674**

CR2E083 (10/02)