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

Mailing Address

## DOCUMENT # M98000001603

1. Entity Name

Principal Place of Business

## NEW HOME HEALTH CARE SERVICES LLC



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

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

			400 LOCUST STREET. SUITE 820 DES MOINES IA 50309-2334				800 MB 1818 1800 800 800 800 800 800 800 800 8	<b>86</b> kii <b>1819</b> 1	HILIO OHII OO	<b>10</b> 1411 4 <b>60</b> 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	ber <b>42-1479861</b>			plied For t Applicable
Zip	Country		Zip Cou		try	5. Certificate of Status Desired		\$5.00 Additional Fee Required		
	6. Name a	nd Address of Current Rec	jistered Agent			7. Name ar	nd Address of New Regis	tered Ag	ent	
1200	Corporatio ) S. Pine ISL Ntation Fl	and road	e goda, di e e e e e e e e e e e e e e e e e e		Street Address (P.O. Box Number is Not Acceptable)					
					City		<del></del>	FL	Zip Code	
8. The above the obligati	named entity s ions of register	submits this statement for the ed agent.	e purpose of changing its r	registere	ed office or regist	ered agent, or b	oth, in the State of Florida	. I am fan	niliar with, a	and accept
SIGNATURE .							· <u></u>			
	Signature, typed or	printed name of registered agent and t	tle if applicable. (NOTE:	: Registere	d Agent signature requir	ed when reinstating)		DATE		
	,		Make Check Payable	e to Flo	FEE IS \$50.00 orida Departm ay 1, 2003					
9.	1	MANAGING MEMBERS	/MANAGERS	10.			ADDITIONS/CH	ANGES		
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NAME	THURSTON	N, STAN G		NAM	E .					1
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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)(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: