

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004415

FILED
Apr 02, 2008
Secretary of State

Entity Name: FLORIDA PALLIATIVE PHARMACY AND EQUIPMENT, L.L.C.

Current Principal Place of Business:

2891 SE 62ND ST
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

PO BOX 4860
OCALA, FL 34478

New Mailing Address:

FEI Number: 35-2191553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIVETT, ALICE
3231 SW 34TH AVE
OCALA, FL 34474 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: PRIVETT, ALICE
Address: 3231 SW 34TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: KAUFFMAN, WILLIAM
Address: 3231 SW 34TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR () Delete
Name: RAUM, MARY
Address: 2845 SE 3RD CT
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRIVETT, ALICE J
Address: 3231 SW 34TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR (X) Change () Addition
Name: KNOX, MICHAEL A
Address: 3231 SW 34TH AVE
City-St-Zip: Ocala, FL 34474

Title: MGR (X) Change () Addition
Name: BAKER, M. THERESA
Address: 628 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

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: ALICE J. PRIVETT

MGR

04/02/2008

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