

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004415

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** FLORIDA PALLIATIVE 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 ( )

**Name and Address of Current Registered Agent:**

RETH, THERESA A  
19115 NW 100TH AVE/RD  
MICANOPY, FL 32667 US

**Name and Address of New Registered Agent:**

POE, MARY E  
3231 SW 34TH AVENUE  
OCALA, FL 34474 US

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: MARY ELLEN POE

01/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: POE, MARY E  
Address: 3231 SW 34TH AVE  
City-St-Zip: Ocala, FL 34474

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

Title: MGR  
Name: MANGAN, PATRICK J  
Address: 725 NE 25TH AVENUE  
City-St-Zip: Ocala, FL 34470

I hereby 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: MARY ELLEN POE

MGR

01/27/2010

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