

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90066 028 ****50.00

DOCUMENT # L02000004415



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

Principal Place of Business
2891 SE 62ND STREET
OCALA FL 34480

Mailing Address
PO BOX 4860
OCALA FL 34478-4860



2. Principal Place of Business
2891 SE 62nd STREET

3. Mailing Address
2891 SE 62nd St.

CHECK HERE IF MAKING CHANGES

City & State **OCALA FL**

City & State **OCALA FL**

Zip **34480** Country **MARION**

Zip **34480** Country **MARION**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RETH, THERESA A.
108 N. MAGNOLIA AVENUE, SUITE 318
OCALA FL 34475

7. Name and Address of New Registered Agent
Name **Alice Privett**
Street Address (P.O. Box Number is Not Acceptable)
3231 S.W. 34th Ave
City **Ocala** FL Zip Code **34474**

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 *Alice J. Privett* **Alice J. Privett, CEO** **Feb. 5, 2003**

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 | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Alice Privett 3231 S.W. 34th Ave Ocala, FL 34474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO William Kauffman 3231 S.W. 34th Avenue Ocala, FL 34474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *William Kauffman* **William Kauffman, CFO** **2/5/03** **352-473-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)