I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: DONNA M HOLM

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :				
Title	P, T	Title	VP, S	
Name	HOLM, DONNA M	Name	HOLM, DARCY L	
Address	121 E BAY CEDAR CIRCLE	Address	121 E BAY CEDAR CIRCLE	
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458	

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.

Name and Address of Current Registered Agent:

HOLM, DONNA M 500 S. AUSTRALIAN AVENUE SUITE 110 WEST PALM BEACH, FL 33401 US

DOCUMENT# P12000005873

Entity Name: COMPASSIONATE CARE PARTNERS OF THE PALM BEACHES, INC

Current Principal Place of Business:

121 E BAY CEDAR CIRCLE JUPITER, FL 33458

Current Mailing Address:

121 E BAY CEDAR CIRCLE JUPITER, FL 33458 US

FEI Number: 45-4304433

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: No

03/22/2014

Date

FILED Mar 22, 2014 Secretary of State CC4191016378