

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000005873

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

**FILED**  
**May 03, 2015**  
**Secretary of State**  
**CC5188266019**

**Current Principal Place of Business:**

3196 N JOG RD  
#6104  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

19800 VALLCO PARKWAY  
#249  
CUPERTINO, CA 95014 US

**FEI Number: 45-4304433**

**Certificate of Status Desired: No**

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

HOLM, DONNA M  
3196 N JOG RD  
6104  
WEST PALM BEACH, FL 33411 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name HOLM, DONNA M  
Address 19800 VALLCO PARKWAY  
#249  
City-State-Zip: CUPERTINO CA 95014

Title VP, S  
Name HOLM, DARCY L  
Address 3196 N JOG RD  
#6104  
City-State-Zip: WEST PALM BEACH FL 33411

*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**

**PRESIDENT**

**05/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date