

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004415

**Entity Name:** FLORIDA PALLIATIVE EQUIPMENT L.L.C.

**Current Principal Place of Business:**

2891 SE 62ND ST  
2887 SE 62ND ST  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 4860  
OCALA, FL 34478

**FEI Number:** 35-2191553

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	POE, MARY E	Name	BEECHER, KATHRYN
Address	3231 SW 34TH AVE	Address	3231 SW 34TH AVE
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	CHAIRMAN		
Name	MCPAHON, GRANT		
Address	2403 SE 17TH ST., #501		
City-State-Zip:	OCALA FL 34471		

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY ELLEN POE

**CEO**

**03/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date