2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2014
Secretary of State
CC2786606361

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Entity Name: TREASURE COAST PALLIATIVE CARE, LLC

Current Principal Place of Business:

1201 SE INDIAN STREET
STUART, FL 34997

Current Mailing Address:

1201 SE INDIAN STREET
STUART, FL 34997

FEI Number: 26-3544680

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
FOX, WACKEEN, DUNGEY, BEARD, SOBEL
STUART, FL 34994 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	PAR
Name	HEALTH & PALLIATIVE SVC OF THE TREASURE CO
Address	1201 S.E. INDAIN STREET
City-State-Zip:	STUART FL 34997

Title	VC
Name	BROWN, MICHAEL SR.
Address	3117 S INDIAN RIVER DRIVE
City-State-Zip:	FORT PIERCE FL 34982

Title	SECRETARY
Name	FIELDS, JORDAN
Address	416 SE CORTEZ AVE
City-State-Zip:	STUART FL 34994

Title	VP
Name	BERGSTROM, LEIGH
Address	300 HARBOUR DRIVE
City-State-Zip:	VERO BEACH FL 32963

Title	CHAIRMAN
Name	PASSERI, ANDREW
Address	9679 LANDINGS DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	TREASURER
Name	BOYLE, RICHARD
Address	13412 WAX MYRTLE TRAIL
City-State-Zip:	PALM CITY FL 34990

Title	PRESIDENT & CEO
Name	DE CUBA, SUSAN R
Address	105 HILLCREST COURT
City-State-Zip:	STUART FL 34996

Title	OTHER
Name	MARTELLO, CARL
Address	2650 SE HAMDEN ROAD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Continues on page 2

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: SUSAN R DE CUBA PRESIDENT & CEO 01/06/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	BURCHELL, PAMELA
Address	9763 SE OSPREY POINTE DRIVE
City-State-Zip:	HOBE SOUND FL 33455