

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078368

Entity Name: BREVARD HMA HOSPICE, LLC

Current Principal Place of Business:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067

Current Mailing Address:

4000 MERIDIAN BLVD
FRANKLIN, TN 37067 US

FEI Number: 27-3142339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name CASH, W. LARRY
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name SCHWEINHART, MARTIN G.
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

Title MANAGER
Name SEIFERT, RACHEL A.
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

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: RACHEL A. SEIFERT

MANAGER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date