

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078368

Entity Name: BREVARD HMA HOSPICE, LLC

Current Principal Place of Business:

661 EYSTER BLVD
ROCKLEDGE,, FL 32955

Current Mailing Address:

5811 PELICAN BAY BOULEVARD, SUITE 500
NAPLES, FL 34108

FEI Number: 27-3142339

Certificate of Status Desired: Yes

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 MGR
Name HMA PROFESSIONAL SERVICES
GROUP, LP
Address 5811 PELICAN BAY BLVD., SUITE 500
City-State-Zip: NAPLES FL 34108

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN K. HOLLOWAY

SECRETARY

04/09/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date