

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005880

FILED
Apr 03, 2007
Secretary of State

Entity Name: HOSPICE AND PALLIATIVE PHYSICIAN SERVICES, LLC.

Current Principal Place of Business:

4644 KEYSVILLE AVE.
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

4644 KEYSVILLE AVE.
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 59-3652354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREW, DAVID
4644 KEYSVILLE AVE.
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCGREW, DAVID M
Address: 4644 KEYSVILLE AVE.
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM () Delete
Name: WHEELER, JOSEPH C
Address: 618 ERIN WAY
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGRM () Delete
Name: PATEL, NAVINCHANDRA V
Address: 4304 GAINSBOROUGH CT.
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: KRAUS, MATTHEW A
Address: 3314 WATERFORD DR.
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM () Delete
Name: WEINER, MITCHELL A
Address: 5011 WESTSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DAVID M. MCGREW, MD

PRES

04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date