

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005880

FILED
Feb 16, 2009
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:

MCGREW, DAVID M
4644 KEYSVILLE AVE.
SPRING HILL, FL 34608 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: DAVID M MCGREW

02/16/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: DR () Change (X) Addition
Name: DAVID, M M
Address: 4644 KEYSVILLE AVE
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify 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

DR

02/16/2009

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