

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005880

FILED  
Jan 06, 2010  
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 M  
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  
**Name:** MCGREW, DAVID M  
**Address:** 4644 KEYSVILLE AVE.  
**City-St-Zip:** SPRING HILL, FL 34608

**Title:** MGRM  
**Name:** WHEELER, JOSEPH C  
**Address:** 3417 GATOR TRAIL  
**City-St-Zip:** BROOKSVILLE, FL 34604

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

**Title:** MGRM  
**Name:** KRAUS, MATTHEW A  
**Address:** 29 CROCKETT RIDGE RD  
**City-St-Zip:** BLACK MOUNTAIN, NC 28711 US

**Title:** MGRM  
**Name:** WEINER, MITCHELL A  
**Address:** 4528 HERON LANDING  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

I hereby 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

01/06/2010

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