2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2012
Secretary of State

DOCUMENT# L00000005880

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

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 Statues.

SIGNATURE: DAVID MARK MCGREW, MD MGRM 02/10/2012

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