

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004415

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PALLIATIVE EQUIPMENT L.L.C.

**Current Principal Place of Business:**

2891 SE 62ND ST  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4860  
OCALA, FL 34478

**New Mailing Address:**

FEI Number: 35-2191553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POE, MARY E  
3231 SW 34TH AVENUE  
OCALA, FL 34474 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: MGR  
Name: POE, MARY E  
Address: 3231 SW 34TH AVE  
City-St-Zip: Ocala, FL 34474

Title: MGR  
Name: KNOX, MICHAEL A  
Address: 3231 SW 34TH AVE  
City-St-Zip: Ocala, FL 34474

Title: MGR  
Name: PAUGH, MARK L  
Address: 9689 SW 53RD TERRACE  
City-St-Zip: Ocala, FL 34476

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: MARY ELLEN POE

MGR

01/31/2012

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