


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90111 020 \*\*\*\*50.00

<b>DOCUMENT # L02000016880</b>					
<b>1. Entity Name</b> FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION & SUMTER COUNTIES, L.L.C.					
<b>Principal Place of Business</b> 3231 SW 34TH AVENUE OCALA, FL 34474			<b>Mailing Address</b> PO BOX 4860 OCALA, FL 34478		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 54-2122546				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PRIVETT, ALICE 3231 SW 34TH AVE OCALA, FL 34474			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIVETT, ALICE PO BOX 4860 OCALA, FL 34478	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Suzanne Garrett PO Box 4860 OCALA, FL 34478
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIEFERT, MARY PO BOX 4860 OCALA, FL 34478	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUFFMAN, BILL PO BOX 4860 OCALA, FL 34478	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> _____ <i>Will</i> _____ <i>4/27/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					