

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000016880

FILED
May 18, 2009
Secretary of State**Entity Name:** FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION & SUMTER COUNTIES, L.L.C.**Current Principal Place of Business:**9505 SW 110TH ST
OCALA, FL 34481**New Principal Place of Business:****Current Mailing Address:**PO BOX 4860
OCALA, FL 34478**New Mailing Address:****FEI Number:** 54-2122546**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RETH, THERESA A
19115 NW 100TH AVE/RD
MICANOPY, FL 32667 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 () Delete
Name: PRIVETT, ALICE J
Address: 3231 SW 34TH AVENUE
City-St-Zip: OCALA, FL 34474**Title:** MGR () Delete
Name: KNOX, MICHAEL A
Address: 3231 SW 34TH AVENUE
City-St-Zip: OCALA, FL 34474**Title:** MGR () Delete
Name: MOYER, JAMES R
Address: 3051 SW 41ST PLACE
City-St-Zip: OCALA, FL 34474**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: POE, MARY E
Address: 3231 SW 34TH AVENUE
City-St-Zip: OCALA, FL 34474**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY ELLEN POE

MGR

05/18/2009

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