

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

2/1

02-14-2003 90062 034 ****55.00

DOCUMENT # L02000016880



1. Entity Name
**FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION & S
UMTER COUNTIES, L.L.C.**

Principal Place of Business
**3231 SW 34TH AVENUE
OCALA FL 34474**

Mailing Address
**PO BOX 2378
OCALA FL 34478**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3231 S.W. 34th Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4860
Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
34474

Country
USA

Zip
34478-4860

Country
USA

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RETH, THERESA A
108 N. MAGNOLIA AVENUE, SUITE 318
OCALA FL 34475**

Name **Alice Privett**

Street Address (P.O. Box Number is Not Acceptable)
3231 S.W. 34th Ave

City **Ocala**

FL

Zip Code
34474

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.

SIGNATURE **Alice J. Privett, CEO**
Signature, typed or printed name of registered agent and title if applicable.

Feb. 5 2003
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO Manager** ☐ Delete
NAME **Alice Privett**
STREET ADDRESS **PO Box 4860**
CITY-ST-ZIP **Ocala, FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO/Home Care Manager** ☐ Delete
NAME **Mary Kiefert**
STREET ADDRESS **P.O. Box 4860**
CITY-ST-ZIP **Ocala, FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO Manager** ☐ Delete
NAME **Bill Kaufman**
STREET ADDRESS **PO Box 4860**
CITY-ST-ZIP **Ocala, FL 34478**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: **Alice J. Privett, CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/03
Date

352-873-7400
Daytime Phone #

CR2E083 (10/02)