

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000092116

**FILED**  
**Sep 11, 2008**  
**Secretary of State**

**Entity Name:** HPH ASSISTED LIVING, LLC

**Current Principal Place of Business:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 20-5597212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRENCE, ALFRED W JR  
6645 RIDGE ROAD  
PORT RICHEY, FL 34668 US

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

BARB, THOMAS  
12107 MAJESTIC BLVD  
HUDSON, FL 34667 US

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: THOMAS BARB

09/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOSPICE, HERNANDO P  
Address: 12107 MAJESTIC BLVD  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERNANDO PASCO HOSPI, CE, INC  
Address: 12107 MAJESTIC BLVD  
City-St-Zip: HUDSON, FL 34667

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: THOMAS BARB

CEO

09/11/2008

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