2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# L06000094609

Entity Name: AXIS PALLIATIVE HEALTHCARE, LLC

Current Principal Place of Business:

12973 TELECOM PARKWAY, SUITE 100
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637

Current Mailing Address:

12973 TELECOM PARKWAY, SUITE 100
TEMPLE TERRACE, FL 33637

New Mailing Address:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637

FEI Number: 20-5620723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L
12973 TELECOM PARKWAY, SUITE 100
TEMPLE TERRACE, FL 33637 US

Name and Address of New Registered Agent:

FERNANDEZ, KATHY L
12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637 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: 01/29/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LIFEPATH HOSPICE AND, PALLIATIVE CA R E, INC.
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY L. FERNANDEZ P 01/29/2007

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