

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094609

FILED  
Apr 17, 2008  
Secretary of State

**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:**

**Current Mailing Address:**

12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

**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:**

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

**ADDITIONS/CHANGES:**

**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: KATHY L. FERNANDEZ      P      04/17/2008

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