

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094609

FILED
Apr 03, 2009
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:

12973 TELECOM PARKWAY (ATTN. LEGAL DEPT.)
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:

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: LIFEPAATH HOSPICE AND, PALLIATIVE CA R E, INC.
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HPC HEALTHCARE, 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 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: DARRELL WHITE

VP

04/03/2009

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