

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90105 008 ***143.75

DOCUMENT # L06000116513

1. Entity Name
HPH HOME CARE, LLC



Principal Place of Business
12107 MAJESTIC BLVD
HUDSON, FL 34667

Mailing Address
12107 MAJESTIC BLVD
HUDSON, FL 34667

00014493



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-2217929

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ~~PASCO, HERNANDO~~ ☐ Delete
STREET ADDRESS 12107 MAJESTIC BLVD
CITY-ST-ZIP HUDSON, FL 34667

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME HERNANDO PASCO Hospice
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten Signature] 2/20/08 227-863-7971
ROMNEY STAY/102/150

OFFICERS AND DIRECTORS

ATTACHMENT

Chairman
George Germann
5327 Commercial Way
Spring Hill, FL 34606

Director
Lowell Harris
37420 Meridian Ave
Dade City, FL 33525

Vice-Chairman
John Church
Brown & Brown Ins.
P O Box 382
Brooksville, FL 34605

Director
Janet Horn
12056 Carver Ave
New Port Richey, FL 34654

Treasurer
Clarence Prevatt Jr.
5839 Mariner Street
Tampa, FL 33609

Director
Nancy Maysilles
6134 Oakridge Avenue
New Port Richey, FL 34653

Secretary
Nancy Cochran
9213 Grand Cypress Drive
Weeki Wachee, FL 34613

Director
Randy Woodruff
Woodruff & Company
801 S. Broad Street
Brooksville, FL 34601

Director
Patricia Fleck
6194 Piedmont
Spring Hill, FL 34606

Director
Bill McGavern
39127 Pretty Pond Road
Zephyrhills, FL 33540

Director
Roger Graves
3004 Bradford Circle
Palm Harbor, FL 34685

Director
Thomas Barb
3303 Flamingo Blvd
Spring Hill, FL 34607

Director
Mike McHugh
5937 Patricia Place
Spring Hill, FL 34607

Director
Bradley Ruben, D.O.
2484 N. Essex Avenue
Hernando, FL 34442

Director
Norman Hoger, M.D.
13916 Talmage Loop
Hudson, FL 34667

Director
Ray Vick
1210 S. Waterview Drive
Inverness, FL 34450

Director
Theresa G. Brock
10220 US Hwy 19
Port Richey, FL 34668

Director
John Stewart Jr
5435 Main Street
New Port Richey, FL 34652

Director
Harriet Robertson
8326 Divot Way
Port Richey, FL 34668

President/CEO
Rodney S. Taylor
12107 Majestic Blvd
Hudson, FL 34667

Director
Jay Cawley
8325 Monaco Drive
Port Richey, FL 34668

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