

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116532

Entity Name: HPH HEALTHCARE, LLC

FILED
Apr 30, 2009
Secretary of State

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: 59-2217929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: THOMAS BARB

CEO/

04/30/2009

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