

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

FILED
Apr 02, 2008
Secretary of State

Entity Name: CENTER FOR COMPREHENSIVE PALLIATIVE CARE, L.L.C.

Current Principal Place of Business:

3231 SW 34TH AVENUE
OCALA, FL 34474

New Principal Place of Business:

3231 SW 34TH AVENUE
OCALA, FL 34474 US

Current Mailing Address:

P.O. BOX 4860
OCALA, FL 344784860

New Mailing Address:

P.O. BOX 4860
OCALA, FL 344784860 US

FEI Number: 65-1309935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIVETT, ALICE J
3231 SW 34TH AVENUE
OCALA, FL 34474 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PRIVETT, ALICE J
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474 US

Title: MGR () Change (X) Addition
Name: KNOX, MICHAEL A
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474 US

Title: MGR () Change (X) Addition
Name: BAKER, M. THERESA
Address: 628 SE 17TH STREET
City-St-Zip: Ocala, FL 34471 US

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: ALICE J. PRIVETT

MGR

04/02/2008

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