

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

FILED  
Mar 20, 2009  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4860  
OCALA, FL 344784860 US

**New Mailing Address:**

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:**

RETH, THERESA A  
19115 NW 100TH AVE/RD  
MICANOPY, FL 32667 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: THERESA A. RETH

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MOYER, JAMES R  
Address: 3051 SW 41ST PLACE  
City-St-Zip: Ocala, FL 34474 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

03/20/2009

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