

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 18, 2009
Secretary of State**

DOCUMENT# L07000051504

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 ()

Name and Address of Current Registered Agent:

RETH, THERESA A
19115 NW 100TH AVE/RD
MICANOPY, FL 32667 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: 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: MOYER, JAMES R
Address: 3051 SW 41ST PLACE
City-St-Zip: Ocala, FL 34474 US

ADDITIONS/CHANGES:

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

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

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: MARY ELLEN POE

MGR

05/18/2009

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