

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

FILED
Jan 27, 2010
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 ()

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:

POE, MARY E
3231 SW 34TH AVENUE
OCALA, FL 34474 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: MARY ELLEN POE

01/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR
Name: MANGAN, PATRICK J
Address: 725 NE 25TH AVENUE
City-St-Zip: Ocala, FL 34470 US

I hereby 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

01/27/2010

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