

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

**FILED**  
**Feb 02, 2011**  
**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:**

POE, MARY E  
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: 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: NELSON, VICTORIA L  
Address: 244 NE 43RD 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

02/02/2011

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