

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

FILED
Jan 31, 2012
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: PAUGH, MARK L
Address: 9689 SW 53RD TERRACE
City-St-Zip: Ocala, FL 34476 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

01/31/2012

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