

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084649

FILED
Mar 23, 2009
Secretary of State

Entity Name: PALLIATIVE CARE ASSOCIATES LLC

Current Principal Place of Business:

600 SOUTH ANDREWS AVE
301
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

315 SE 14 ST
FORT LAUDERDALE, FL 33316

Current Mailing Address:

1914 CORDOVA ROAD
135
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 26-3298184 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIRANSKY, NEIL
1329 FUNSTON ST
HOLLYWOOD, FL 33019 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: MIRANSKY, NEIL
Address: 1329 FUNSTON ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MIRANSKY, NEIL
Address: 1329 FUNSTON ST
City-St-Zip: HOLLYWOOD, FL 33019

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: NEIL MIRANSKY

PRES

03/23/2009

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