

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084649

**FILED**  
**Jun 28, 2012**  
**Secretary of State**

**Entity Name:** PALLIATIVE CARE ASSOCIATES LLC

**Current Principal Place of Business:**

315 SE 14 ST  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

MIRANSKY, NEIL  
1914 CORDOVA RD  
135  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

MIRANSKY, NEIL  
1914 CORDOVA ROAD  
135  
FORT LAUDERDALE, FL 33316 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:

06/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: MIRANSKY, NEIL  
Address: 1914 CORDOVA RD, SUITE 135  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: NEIL MIRANSKY

PRES

06/28/2012

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