

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088424

FILED
Jan 10, 2012
Secretary of State

Entity Name: TREASURE COAST HOSPICE COUNSELING SERVICES, LLC

Current Principal Place of Business:

1201 SE INDIAN STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1201 SE INDIAN STREET
STUART, FL 34997

New Mailing Address:

FEI Number: 27-1247438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOX, M. LANNING
FOX, WACKEEN, DUNGEY, BEARD, SOBEL, BUSH
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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: VC
Name: PASSERI, ANDREW MR.
Address: 9679 LANDINGS DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: C
Name: PIERSON, JAMES MR.
Address: 1216 NW WINTERS CREEK ROAD
City-St-Zip: PALM CITY, FL 34990 US

Title: TREA
Name: BROWN, MICHAEL MR.
Address: 3117 S INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34982 US

Title: SEC
Name: FIELDS, JORDAN J MR.
Address: 416 SE CORTEZ AVE
City-St-Zip: STUART, FL 34994 US

Title: CEO
Name: BENSON, LOUIS MR
Address: 1201 S.E. INDIAN STREET
City-St-Zip: STUART, FL 34997 US

Title: VP
Name: DECUBA, SUSAN MRS.
Address: 1201 S.E. INDIAN STREET
City-St-Zip: STUART, FL 34997 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: CARL MARTELLO

DIR

01/10/2012

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