

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108937

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** HOSPICE AND HEALTHCARE COMMUNICATIONS, LLC

**Current Principal Place of Business:**

6713 MILL RUN CIRCLE  
NAPLES, FL 34109

**New Principal Place of Business:**

7130 BLUE JUNIPER CT  
102  
NAPLES, FL 34109

**Current Mailing Address:**

6713 MILL RUN CIRCLE  
NAPLES, FL 34109

**New Mailing Address:**

7130 BLUE JUNIPER CT  
102  
NAPLES, FL 34109

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COX, JOE B ESQ.  
6713 MILL RUN CIRCLE  
NAPLES, FL 34109 US

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

COX, JOE B ESQ.  
1185 IMMOKALEE ROAD  
110  
NAPLES, FL 34110 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: \_\_\_\_\_

08/31/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GRAY, DIANNE B  
Address: 7130 BLUE JUNIPER CT, #102  
City-St-Zip: NAPLES, FL 34109

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: DIANNE B. GRAY

MGR

08/31/2010

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