

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003084

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** SAMARITAN CARE HOSPICE OF OSCEOLA, LLC

**Current Principal Place of Business:**

1300 NORTH SEMORAN BLVD.  
SUITE 210  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

1300 NORTH SEMORAN BLVD.  
SUITE 210  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 26-2874109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH LTD, INC  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: SAMARITAN CARE HOSPICE OF OSCEOLA, LLC  
Address: 1300 N SEMORAN BLVD SUITE 210  
City-St-Zip: ORLANDO, FL 32807

Title: PRES  
Name: ALVAREZ, MARIE  
Address: 1300 N SEMORAN BLVD SUITE 210  
City-St-Zip: ORLANDO, FL 32807

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: MARIA ALVAREZ

PRES

02/02/2010

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