

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M08000003084

FILED
Jul 14, 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: FULCHINO, MARK
Address: 920 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152 US

Title: VP
Name: WARLOW, MELISSA
Address: 920 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152 US

Title: CFO
Name: NOLAN, SEAN
Address: 920 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152 US

Title: TREA
Name: MCCARTY, KIMBERLY
Address: 920 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152 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: MELISSA WARLOW

VP

07/14/2010

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