

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094609

Entity Name: CHAPTERS HEALTH PALLIATIVE CARE, LLC.

Current Principal Place of Business:

12470 TELECOM DRIVE
SUITE 300 WEST
TEMPLE TERRACE, FL 33637

Current Mailing Address:

12470 TELECOM DRIVE
SUITE 300 WEST
TEMPLE TERRACE, FL 33637

FEI Number: 20-5620723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L
12470 TELECOM DRIVE
SUITE 300 WEST
TEMPLE TERRACE, FL 33637 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED SOLE
 MEMBER
Name CHAPTERS HEALTH SYSTEM, INC.
Address 12470 TELECOM DRIVE
 SUITE 300 WEST
City-State-Zip: TEMPLE TERRACE FL 33637

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: H. DARRELL WHITE, ESQ.

CHIEF LEGAL OFFICER 02/03/2014
OF
MANAGER/AUTHORIZED
SOLE MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

Date