

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051504

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC7415076310**

**Entity Name:** CENTER FOR COMPREHENSIVE PALLIATIVE CARE, L.L.C.

**Current Principal Place of Business:**

3231 SW 34TH AVENUE  
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 4860  
OCALA, FL 34478-4860 US

**FEI Number: 65-1309935**

**Certificate of Status Desired: No**

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

POE, MARY E  
3231 SW 34TH AVENUE  
OCALA, FL 34474 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	MGR	Title	MGR
Name	POE, MARY E	Name	KNOX, MICHAEL A
Address	3231 SW 34TH AVENUE	Address	3231 SW 34TH AVENUE
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

Title           MANAGER  
Name           DALEY, KENNETH W  
Address        5514 SW 30TH AVE  
City-State-Zip: OCALA FL 34471

*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: MARY ELLEN POE**

**MANAGER**

**01/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date