

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 02, 2015
Secretary of State
CC1891582123

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 ROBINSON, DENISE
Address 23685 NE HIGHWAY 314
City-State-Zip: SALT SPRINGS FL 32134

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

02/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date