

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051504

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:

BOURNE, RICHARD 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: RICHARD BOURNE

03/17/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | MGR | Title | MGR |
| Name | BOURNE, RICHARD E | Name | BEECHER, KATHRYN |
| Address | 3231 SW 34TH AVENUE | Address | 3231 SW 34TH AVENUE |
| City-State-Zip: | OCALA FL 34474 | City-State-Zip: | OCALA FL 34474 |
| Title | PAST CHAIRMAN | Title | CHAIRMAN |
| Name | HILTY, JAMES | Name | LARKIN, RICH |
| Address | 2222 SE 25TH ST | Address | 3635 SW 42ND ST |
| City-State-Zip: | OCALA FL 34471 | 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: RICHARD E BOURNE

CEO

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date