

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000076375

Entity Name: SPECIALISTS IN PALLIATIVE CARE, LLC

Current Principal Place of Business:

12072 LEDGEWOOD CIRCLE
FT MYERS, FL 33913

Current Mailing Address:

12072 LEDGEWOOD CIRCLE
FT MYERS, FL 33913

FEI Number: 47-2210727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELHADO, LOLITA
12072 LEDGEWOOD CIRCLE
FT MYERS, FL 33913 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
Name MELHADO, LOLITA
Address 12072 LEDGEWOOD CIRCLE
City-State-Zip: FT MYERS FL 33913

Title AMBR
Name MELHADO, VICTOR
Address 12072 LEDGEWOOD CIRCLE
City-State-Zip: FT MYERS FL 33913

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: LOLITA MELHADO

MANAGER

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date