

7410892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

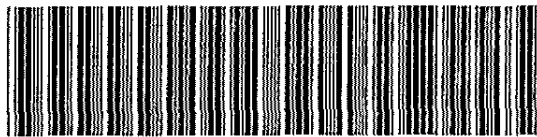
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Care for patients...support for loved ones.



December 1, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Hospice of St. Francis, Inc. (740892) Address Change and Registered Agent
Address Change

Dear Sirs:

Hospice of St. Francis, Inc. moved its office during November 2004; appropriate notice was provided to the Agency for Health Care Administration for licensing purposes. Please revise your files with the new address as follows:
Hospice of St. Francis, Inc.
1250-B Grumman Place
Titusville, FL 32780-7927

Also enclosed is the form to revised the address of the registered agent and the \$35 filing fee. If there are any questions, please contact me at 321.269.4240 or at the above address.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Wolters".

Bruce Wolters
Executive Director

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOSPICE OF ST. FRANCIS, INC.
(Name of corporation)

DOCUMENT NUMBER: 740892

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BRUCE WOLTERS
(Name of contact person)

HOSPICE OF ST. FRANCIS, INC.
(Firm/Company)

1250-B GRUMMAN PLACE
(Address)

TITUSVILLE, FL 32780-7927
(City/state and zip code)

For further information concerning this matter, please call:

BRUCE WOLTERS at (321) 269-4240
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOSPICE OF ST. FRANCIS, INC.
2. The principal office address: 1250-B GRUMMAN PLACE
TITUSVILLE, FL 32780-7927
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/28/1977 Document number: 740892

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Walters, Bruce D
2395 S. WASHINGTON AVE, S.W.
TITUSVILLE, FL 32780

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WALTERS, BRUCE D.
1250-B GRUMMAN PLACE
(P.O. Box NOT acceptable)
TITUSVILLE, FL 32780-7927

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Stanley R. Andrews
(Signature of an officer or director)

STANLEY R. ANDREWS PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bruce Walters
(Signature of Registered Agent)

12.01.04
(Date)

If signing on behalf of an entity:

BRUCE WALTERS
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***