

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762720

FILED
Jan 31, 2006
Secretary of State

Entity Name: HOSPICE OF NAPLES, INC.

Current Principal Place of Business:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2201250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLINS, KAREN A
1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUNKERS, MILLARD J JR.
Address: 351 EMERALD BAY CIRCLE, R-5
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: ALLEMONG, DOUGLAS L
Address: 1080 GOODLETTE RD. NO.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MORRIS, ROBERT W.
Address: 3815 FORT CHARLES DRIVE
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELL DR., STE. 1
City-St-Zip: NAPLES, FL 34103

Title: PCOO () Delete
Name: ROLLINS, KAREN
Address: 1095 WHIPPOORWILL LN.
City-St-Zip: NAPLES, FL 34105

Title: C () Delete
Name: LENER, JOHN
Address: 32150 DAHLIA WAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YOUNKERS, MILLARD J JR.
Address: 318 BURNING TREE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MORRIS, ROBERT W
Address: 157 11TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change () Addition
Name: WOLLMAN, EDWARD E
Address: 5129 CASTELLO DR., STE. 1
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: LEACH, JOHN
Address: 32150 DAHLIA WAY
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ROLLINS

PCOO

01/31/2006

Electronic Signature of Signing Officer or Director

Date