

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762720

FILED
Mar 28, 2012
Secretary of State

Entity Name: AVOW HOSPICE, 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: S
Name: JOHNSTON, JAY
Address: 2704 BUCKTHORN WAY
City-St-Zip: NAPLES, FL 34105

Title: T
Name: HAVEMEIER, BRAD L
Address: 2212 MAJESTIC CT N
City-St-Zip: NAPLES, FL 34110

Title: C
Name: HOFFMAN, CHARLES F JR
Address: 407 SADDLEBROOK LANE
City-St-Zip: NAPLES, FL 34110

Title: VC
Name: CORBIN, TED
Address: 4901 TAMiami TRAIL N
City-St-Zip: NAPLES, FL 34103

Title: PCEO
Name: ROLLINS, KAREN
Address: 1095 WHIPPOORWILL LN.
City-St-Zip: NAPLES, FL 34105

Title: CFO
Name: BOONE, FRANK M
Address: 11961 HEATHER WOOD COURT
City-St-Zip: NAPLES, FL 34120

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 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 all other like empowered.

SIGNATURE: MERRILL BOONE

CFO

03/28/2012

Electronic Signature of Signing Officer or Director

Date