


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 763575 1. Entity Name HERNANDO-PASCO HOSPICE, INC.	
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Principal Place of Business 12107 MAJESTIC BLVD. HUDSON, FL 34667	Mailing Address 12107 MAJESTIC BLVD. HUDSON, FL 34667
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02102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2217929	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, RODNEY S.
 12107 MAJESTIC BLVD.
 HUDSON, FL 34667

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCHUGH, MICHAEL
STREET ADDRESS	5397 PATRICIA PLACE
CITY-ST-ZIP	SPRING HILL, FL 34807
TITLE	D
NAME	FLECK, PATRICIA
STREET ADDRESS	5466 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34808
TITLE	D
NAME	CAWLEY, JAY
STREET ADDRESS	8105 ROXBORO DRIVE
CITY-ST-ZIP	HUDSON, FL
TITLE	D
NAME	GRUEBEL, KENNETH
STREET ADDRESS	6000 FALL RIVER DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	ED
NAME	TAYLOR, RODNEY
STREET ADDRESS	12107 MAJESTIC BLVD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000433147
 03/01/06-80034-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodney S Taylor 2/10/06 727-863-7971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #