

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763575

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** HERNANDO-PASCO HOSPICE, INC.

**Current Principal Place of Business:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-2217929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARB, THOMAS  
12107 MAJESTIC BLVD.  
HUDSON, FL 34667 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: C  
Name: WOODRUFF, RANDALL  
Address: 801 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D  
Name: MCGAVERN, WILLIAM  
Address: 39127 PRETTY POND ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VC  
Name: VICK, RAY  
Address: 1210 S. WATERVIEW DR  
City-St-Zip: INVERNESS, FL 34450

Title: PCEO  
Name: BARB, THOMAS  
Address: 12107 MAJESTIC BLVD  
City-St-Zip: HUDSON, FL 34667

Title: S/T  
Name: GRAVES, ROGER  
Address: 3004 BRADFORD CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

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: THOMAS D. BARB

CEO

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date