

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

FILED
Feb 15, 2006
Secretary of State

Entity Name: FLORIDA HOSPICES AND PALLIATIVE CARE, INC.

Current Principal Place of Business:

1616-D METROPOLITAN CIR.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1616-D METROPOLITAN CIR.
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2685885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEDFOED, PAUL A
1616 D METROPOLITAN CR.
TALLAHASSEE, FL 32308 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: PRES () Delete
Name: LABAYAK, MARY
Address: 300 EAST BAY DRIVE
City-St-Zip: LARGO, FL 33770 US

Title: VP () Delete
Name: PALUMBO, ANTHONY
Address: P.O. BOX 641270
City-St-Zip: BEVERLY HILLS, FL 34464 US

Title: VP () Delete
Name: WILSON, ROBERT
Address: 595 MONTGOMERY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SECY () Delete
Name: PRIVETT, ALICE
Address: 3231 SW 34TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: TRES () Delete
Name: WOLTERS, BRUCE
Address: 1250-B GRUMMAN PLACE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: ED () Delete
Name: LEDFOED, PAUL A
Address: 1616 D METROPOLITAN CR
City-St-Zip: TALLAHASSEE, FL 32308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PAUL A. LEDFOED

ED

02/15/2006

Electronic Signature of Signing Officer or Director

Date