

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

FILED
Jan 14, 2009
Secretary of State

Entity Name: FLORIDA HOSPICES AND PALLIATIVE CARE, INC.

Current Principal Place of Business:

2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEDFOED, PAUL A
2000 APALACHEE PKWY
SUITE 200
TALLAHASSEE, FL 32301 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: PALUMBO, ANTHONY
Address: P.O. BOX 641270
City-St-Zip: BEVERLY HILLS, FL 34464 US

Title: VP () Delete
Name: FRIED, RON
Address: 100 SOUTH BISCAYNE BOULEVARD, SUITE 1500
City-St-Zip: MIAMI, FL 33131 US

Title: VP () Delete
Name: BENSON, LOU
Address: 1201 SOUTHEAST INDIAN STREET
City-St-Zip: STUART, FL 34997 US

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

Title: SECY () Delete
Name: DAVIS, FRAN
Address: 3800 WOODBRIAR TRAIL
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ED () Delete
Name: LEDFORD, PAUL A
Address: 2000 APALACHEE PARKWAY, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: PONDER-STANSEL, SUSAN
Address: 4266 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TRES (X) Change () Addition
Name: BRAVEMAN, CARLA
Address: 1966 COMMONWEALTH LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SECY (X) Change () Addition
Name: BENSON, LOU
Address: 1201 SOUTHEAST INDIAN STREET
City-St-Zip: STUART, FL 34997 US

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

I hereby certify that the information supplied with this filing does not qualify 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. LEDFORD

ED

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date