

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

FILED
Jan 03, 2011
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 (X)**

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
Name: POE, MARY ELLEN
Address: 3231 SOUTHWEST 34TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: TRES
Name: FRIED, RON
Address: 100 SOUTH BISCZYNE BOULEVARD, SUITE 1500
City-St-Zip: MIAMI, FL 33131 US

Title: VP
Name: BECKWITH, SAMIRA
Address: 9470 HEALTHPARK CIRCLE
City-St-Zip: FORT MYERS, FL 33908 US

Title: SECY
Name: WARD, LINDA
Address: 6117 TROUBLE CREEK ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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

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: PAUL A. LEDFORD

ED

01/03/2011

Electronic Signature of Signing Officer or Director

Date