

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01467

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** HOSPICE OF LAKE AND SUMTER, INC.

**Current Principal Place of Business:**

2445 LANE PARK ROAD  
TAVARES, FL 327789660 US

**New Principal Place of Business:**

**Current Mailing Address:**

2445 LANE PARK ROAD  
TAVARES, FL 327789660 US

**New Mailing Address:**

FEI Number: 59-2330114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEHOTSKY, PATRICIA  
2445 LANE PARK ROAD  
TAVARES, FL 32778 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: D  
Name: REID, OSWALD  
Address: 18950 HWY 441, #178  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D  
Name: CUNNINGHAM, MOLLIE  
Address: 1108 GRIFFIN ROAD  
City-St-Zip: LEESBURG, FL 347483596 US

Title: D  
Name: MCKEE, ROBERT  
Address: 7205 NORTH SHORE DRIVE  
City-St-Zip: LEESBURG, FL 34788 US

Title: CEO  
Name: LEHOTSKY, PATRICIA M  
Address: 16326 E. SHIRLEY SHORES DRIVE  
City-St-Zip: TAVARES, FL 32778

Title: CFO  
Name: GRIMMER, THOMAS W  
Address: 3873 OLD DUNN ROAD  
City-St-Zip: APOPKA, FL 32712 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: LEWIS STONE

PD

02/16/2010

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

\_\_\_\_\_  
Date