

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2007  
Secretary of State**

DOCUMENT# N06000007799

Entity Name: GOOD SHEPHERD HOSPICE, INC.

**Current Principal Place of Business:**

12973 TELECOM PARKWAY SUITE 100  
TAMPA, FL 33637

**New Principal Place of Business:**

12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

12973 TELECOM PARKWAY SUITE 100  
TAMPA, FL 33637

**New Mailing Address:**

12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637

FEI Number: 20-5276923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDEZ, KATHY L  
12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC ( ) Change (X) Addition  
Name: FERNANDEZ, KATHY L  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DVC ( ) Change (X) Addition  
Name: HINTON, BRIAN  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637

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: KATHY L. FERNANDEZ

DC

01/29/2007

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

\_\_\_\_\_  
Date