

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007799

FILED  
Apr 19, 2011  
Secretary of State

Entity Name: GOOD SHEPHERD HOSPICE, INC.

**Current Principal Place of Business:**

115 S. MISSOURI AVE  
SUITE 500  
LAKELAND, FL 33815

**New Principal Place of Business:**

320 W. MAIN STREET  
LAKELAND, FL 33815

**Current Mailing Address:**

C/O HPC HEALTHCARE, INC. (ATTN LEGAL DEPT)  
12973 TELECOM PARKWAY, SUITE 100  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

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

Title: DVC  
Name: YENTES, REX R  
Address: 320 W. MAIN STREET  
City-St-Zip: LAKELAND, FL 33815

Title: DS  
Name: WEGMAN, PHILLIP D  
Address: 320 W. MAIN STREET  
City-St-Zip: LAKELAND, FL 33815

Title: DCOO  
Name: LUTTON, ANDREW E  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DEVP  
Name: WALLACE, GEORGE H  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DVP  
Name: WHITE, DARRELL  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637

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: DARRELL WHITE

DVP

04/19/2011

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

\_\_\_\_\_  
Date

N06000007799  
04/19/2011

**2011 ANNUAL REPORT ADDENDUM**

**Entity Name:** GOOD SHEPHERD HOSPICE, INC.

**Document #:** N06000007799

**Date:** April 19, 2011

**Additional Officers and Directors of Good Shepherd Hospice, Inc.:**

NAME	ADDRESS	TITLE
Brian D. Hinton	320 W. Main Street, Lakeland, FL 33815	D
Jane M. Hancock	320 W. Main Street, Lakeland, FL 33815	D
Phillip E. Walker	320 W. Main Street, Lakeland, FL 33815	D
Stanley L. Piotrowski	320 W. Main Street, Lakeland, FL 33815	D
James T. Joiner	320 W. Main Street, Lakeland, FL 33815	D
John T. Barnhart	320 W. Main Street, Lakeland, FL 33815	D
Ronald S. Schonwetter, M.D.	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	D/EVP
William C. Bredbenner	320 W. Main Street, Lakeland, FL 33815	EOD/ED
Stewart W. Stein, M.D.	320 W. Main Street, Lakeland, FL 33815	EOD/Med. Dir.
Vicki D. Marsee	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	EOD
Gayle E. Eaton	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	AS