

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

DOCUMENT# N06000007799

Entity Name: GOOD SHEPHERD HOSPICE, INC.

Current Principal Place of Business:

320 W. MAIN STREET
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O CHAPTERS HEALTH SYSTEM, INC.
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 (X)

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: D
Name: HINTON, BRIAN
Address: 320 W. MAIN STREET
City-St-Zip: LAKELAND, FL 33815

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

Title: D
Name: JOINER, JAMES T
Address: 320 W. MAIN STREET
City-St-Zip: LAKELAND, FL 33815

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

DCLO

03/26/2012

Electronic Signature of Signing Officer or Director

Date

N06000007790
03/26/2012

2012 ANNUAL REPORT ADDENDUM

Entity Name: GOOD SHEPHERD HOSPICE, INC.

Document #: N06000007799

Date: March 26, 2012

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

NAME	ADDRESS	TITLE
Jane M. Hancock	320 W. Main Street, Lakeland, FL 33815	D
Stanley L. Piotrowski	320 W. Main Street, Lakeland, FL 33815	D
John T. Barnhart	320 W. Main Street, Lakeland, FL 33815	D
Andrew E. Lutton	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	DCCO
David J. O'Neil	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	DCFO
H. Darrell White	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	DCLO
Ronald S. Schonwetter, M.D.	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	DCMO
William C. Bredbenner	320 W. Main Street, Lakeland, FL 33815	DED
Stewart W. Stein, M.D.	320 W. Main Street, Lakeland, FL 33815	DMD
Vicki D. Marsee	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	DVP
Gayle E. Eaton	12973 Telecom Parkway, Suite 100, Temple Terrace, FL 33637	AS