2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90287 021 ****61.25

1. Entity Nam	MEN I # NU6783 HOSPICE, INC.								~ <i>t</i> ~ 1			
Principal Place 3800 WOODE PORT ORANG		303 N Attn:	Address . CLYDE MORRIS I LEGAL DEPT. DNA BEACH, FL 3		US				9-i.			
		3. Mailir	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				01242006	Chg-N	Р	CR2E	37 (11/05)	
City & State		City	City & State			4. FEI Number 59-2661284					pplied For ot Applicable	
Zip Country		Zip	Zip Cou		intry	5. Certificate of Statu			Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered	Agent				7. Name and	Address	of New R	egistered	Agent	
	N, DAVID J.				Name							
303 N. CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114					Street A	ddress (t	P.O. Box Numb	er is Not A	cceptable	9) 		
					City					FI	Zip Cod	le
. T.	named entity submits this statement for										- 1	
the obligati	ions of registered agent.			ogiotoi (rogioto	oo agoni, ar so			origa. Tari	remia wo.	, and accept
	Signature, typed or printed name of registered agent	and title if applic	anhin (NOTE	- Renisterer	d Agent signat	ure required	when reinstating)			DATE		
		and the application	able. (NOTE	. Itogistoro						UAIL		
·	Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Carr Trust Fund C	paign F	inancing		\$5.00 May E			lake ched	ck payable i	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

386 226-4769 Daytime Phone #