

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06783

FILED
Mar 04, 2008
Secretary of State

Entity Name: HALIFAX HOSPICE, INC.

Current Principal Place of Business:

3800 WOODBRIAR TRAIL
PORT ORANGE, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

303 N. CLYDE MORRIS BLVD.
ATTN: LEGAL DEPT.
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2661284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, DAVID J.
303 N. CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 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: P () Delete
Name: DAVIS, FRAN
Address: 3800 WOODBRIAR TRAIL
City-St-Zip: PORT ORANGE, FL 32119 US

Title: D () Delete
Name: GRIFFIN, WILLIAM J
Address: 6193 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32119 US

Title: STD () Delete
Name: ROUSIS, GEORGE M
Address: 104 S. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: CD () Delete
Name: DAVIS, DOUG
Address: 238 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VD () Delete
Name: HUDOME, ELSIE
Address: 3800 WOODBRIAR TRAIL
City-St-Zip: PORT ORANGE, FL 32129 US

Title: D () Delete
Name: DEPARRY, ASTRID
Address: 107 EAST CHURCH STREET
City-St-Zip: DELAND, FL 32724 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GRIFFIN, WILLIAM J
Address: 6193 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32119 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLOAR, VIVI
Address: 360 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM J. GRIFFIN

VD

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date