

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06783

FILED  
Feb 03, 2009  
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: VD ( ) 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: D ( ) Delete  
Name: CLOAR, VIVI  
Address: 360 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

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

02/03/2009

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

\_\_\_\_\_  
Date