

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06783

FILED
Feb 16, 2012
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: CD
Name: RITCHEY, GLENN
Address: 551 NORTH NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D
Name: GOODEMOTE, HAROLD
Address: 619 NORTH BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D
Name: GILES, ART
Address: 957 DUNCAN ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: TD
Name: SCHANDEL, SUSAN
Address: ONE DAYTONA BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VD
Name: JOHNSON, JOHN PH.D.
Address: 100 CORSAIR DRIVE, ROOM 200
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: SD
Name: JANS, KAREN
Address: 312 GEORGETOWN DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: GLENN RITCHEY

CD

02/16/2012

Electronic Signature of Signing Officer or Director

_____ Date