2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2010
Secretary of State

DOCUMENT# N09000004915

Entity Name: FOR PAWS HOSPICE INC.

Current Principal Place of Business:

723 CLAUDIA LANE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

PO BOX 6685
OZONA, FL 34660

New Mailing Address:

FEI Number: 27-0355576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIKLE, NANCY
723 CLAUDIA LANE
PALM HARBOR, FL 34683 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
Name: WEIKLE, NANCY
Address: 723 CLAUDIA LANE
City-St-Zip: PALM HARBOR, FL 34683

Title: VP
Name: WEIKLE, HARLAN
Address: 723 CLAUDIA LANE
City-St-Zip: PALM HARBOR, FL 34683

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: NANCY WEIKLE P 01/17/2010

Electronic Signature of Signing Officer or Director — Date