

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 24, 2008  
Secretary of State**

DOCUMENT# N15463

Entity Name: HOSPICE OF OKEECHOBEE, INCORPORATED

**Current Principal Place of Business:**

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number: 59-2831397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CULBRETH, MARIE  
3550 441 S  
OKEECHOBEE, FL 34974      US

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: MARIE CULBRETH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CULBRETH, MARIE  
Address: P O BOX 848 3550 US 4415  
City-St-Zip: OKEECHOBEE, FL 34974

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

Title: TD      ( ) Delete  
Name: SYFRETT, FRAN,  
Address: 16505 NW 20TH ST.  
City-St-Zip: OKEECHOBEE, FL 34972

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

Title: SD      ( ) Delete  
Name: BULGER, DOROTHY,  
Address: 503 SE 8TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34974

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

Title: D      ( ) Delete  
Name: PAULSON, RANDY  
Address: 2386 SE 27TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34974

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

Title: VD      ( ) Delete  
Name: LARSON, GRACE  
Address: 1000 HWY 98 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

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

Title: M      ( ) Delete  
Name: BLACKMAN, LISA  
Address: 4230 ROBERT LOOP RD  
City-St-Zip: STUART, FL 34997

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: MARIE CULBRETH

D

10/24/2008

Electronic Signature of Signing Officer or Director

Date