2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

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1. Entity Narr COMMUI	MENT # N99000003 NITY HOSPICE OF NORTH TION FOR CARING, INC.						_	029 ****61.	
Principal Plac 4266 SUNBI JACKSONVILI		Mailing Address 4266 SUNBEAM ROAD JACKSONVILLE, FL 3225	7) (88 0) (87 0)	 1 541 1811 18 11 18 11		i fās (kmi (fā)s letas (
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142008	Chg-NP	CR	2E037 (12/06)	
City & State		City & State			4. FEI Number 59-3583920				pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registe	red Agent	
COLLINS, DEANN			Name						
4266 SUŃ	BEAM ROAD VILLE, FL 32257		Street A		ss (P.O. Box Number is Not Acceptable)				
			City					FL Zip Cod	e
	named entity submits this statement for fions of registered agent.	r the purpose of changing its re	gistered office o	r register	ed agent, or both	n, in the State o	f Florida. I	am familiar with,	and accept
CICNIATURE									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. ; (NOTE: F	Registered Agent signa	ture required	when reinstating)		D	ATE	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp	aign Financing	ture required	\$5.00 May Bo		Make cl	heck payable t	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	aign Financing ntribution.		\$5.00 May Bo	. F	Make cl Iorida De	heck payable tepartment of S	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

904-268-5200

Daytime Phone #