2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N99000003293

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA FOUNDATION FOR CARING, INC.

Current Principal Place of Business:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3583920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, DEANN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257 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: SD ( ) Delete
Name: ROBBINS, KEVIN
Address: 500 WORLD COMMERCE PARKWAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: CD ( ) Delete
Name: ACOSTA-RUA, FERNANDO
Address: 9191 RG SKINNER PARKWAY #103
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete
Name: OTTENSTOER, DUANE L
Address: 10739 DEERWOOD PARK BLVD SUITE 103
City-St-Zip: JACKSONVILLE, FL 32256

Title: PCEO ( ) Delete
Name: PONDER-STANSEL, SUSAN
Address: 4266 SUNBEAM ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change ( ) Addition
Name: ACOSTA-RUA, FERNANDO
Address: 5130 UNIVERSITY BLVD., W.
City-St-Zip: JACKSONVILLE, FL 32216

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: SUSAN PONDER-STANSEL PCEO 03/16/2009

Electronic Signature of Signing Officer or Director — Date