

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150077

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: REGENCY HOSPICE OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2145 HIGHLAND AVENUE, SUITE 120  
BIRMINGHAM, AL 35205

**New Principal Place of Business:**

2151 HIGHLAND AVENUE, SUITE 350  
BIRMINGHAM, AL 35205

**Current Mailing Address:**

2145 HIGHLAND AVENUE, SUITE 120  
BIRMINGHAM, AL 35205

**New Mailing Address:**

2151 HIGHLAND AVENUE, SUITE 350  
BIRMINGHAM, AL 35205

FEI Number: 20-5822165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORRIS, JOHN E  
Address: 2145 HIGHLAND AVENUE, SUITE 120  
City-St-Zip: BIRMINGHAM, AL 35205

Title: SD ( ) Delete  
Name: DAHL, ALAN C  
Address: 5445 TRIANGLE PARKWAY, SUITE 260  
City-St-Zip: NORCROSS, GA 30092

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

Title: PD (X) Change ( ) Addition  
Name: MORRIS, JOHN E  
Address: 2151 HIGHLAND AVENUE, SUITE 350  
City-St-Zip: BIRMINGHAM, AL 35205

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E. MORRIS

CEO

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date