2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

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Entity Name: COMPASSIONATE CARE HOSPICE OF MIAMI DADE, INC.

Current Principal Place of Business:

2393 E.F. GRIFFIN RD.
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

2393 E.F. GRIFFIN RD.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 26-3668452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GEOFFREY D
C/O SMITH & ASSOCIATES OF TALLAHASSEE PA
2873 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

GREY, JUDITH I
18 AQUAMARINE AVENUE
NAPLES, FL 34114 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: JUDITH I. GREY 01/19/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: HECHING, MILTON M
Address: 5901 N. CICERO AVE., STE 405
City-St-Zip: CHICAGO, IL 60646 US

Title: COO
Name: GREY, JUDITH I
Address: 200 LANIDEX PLAZA
City-St-Zip: PARSIPPANY, NJ 07054 US

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

SIGNATURE: JUDITH I. GREY COO 01/19/2011
Electronic Signature of Signing Officer or Director Date