

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35972

1. Entity Name

HOSPICE, INC.

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90012 043 \*\*\*158.75

Principal Place of Business

ATTN: LEGAL DEPARTMENT  
100 S. BISCAYNE BLVD., SUITE 1500  
MIAMI FL 33131

Mailing Address

ATTN: LEGAL DEPARTMENT  
100 S. BISCAYNE BLVD., SUITE 1500  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0160635**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete  
NAME **WESTBROOK, HUGH A**  
STREET ADDRESS **100 S BISCAYNE BLVD., SUITE 1500**  
CITY-ST-ZIP **MIAMI FL**

TITLE **Sr. Vice President - Patient & Family Services** ☐ Change ☒ Addition  
NAME **Peggy Pettit**  
STREET ADDRESS **100 S. Biscayne Blvd., Suite 1500**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **VPT** ☐ Delete  
NAME **WESTER, DAVID A.**  
STREET ADDRESS **100 S. BISCAYNE BLVD., SUITE 1500**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **Sr. Vice President - Chief of Hospice Operations** ☐ Change ☒ Addition  
NAME **Deirdre Lawe**  
STREET ADDRESS **100 S. Biscayne Blvd., Suite 1500**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **D** ☒ Delete  
NAME **WILLIAMS, J. R**  
STREET ADDRESS **100 S BISCAYNE BLVD., STE 1500**  
CITY-ST-ZIP **MIAMI FL**

TITLE **Vice President, General Counsel & Secretary** ☐ Change ☒ Addition  
NAME **Barbara del Castillo**  
STREET ADDRESS **100 S. Biscayne Blvd., Suite 1500**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara del Castillo*

Barbara del Castillo *4/30/01* 305-350-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)