


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90147 006 \*\*\*150.00

<b>DOCUMENT # V35972</b> 1. Entity Name <b>HOSPICE, INC.</b>					
Principal Place of Business <b>ATTN: LEGAL DEPARTMENT 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131</b>			Mailing Address <b>ATTN: LEGAL DEPARTMENT 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>O'TOOLE, TIMOTHY S</b> <b>100 S BISCAYNE BLVD., SUITE 1500</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached for complete list</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCNAMARA, DEVIN J</b> <b>255 E. FIFTH CENTER</b> <b>CINCINNATI, OH 452024726</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, J. R</b> <b>100 S BISCAYNE BLVD., STE 1500</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>PETTIT, PEGGY</b> <b>100 S. BICAYNE BLVD STE.#1500</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>LAW, DEIRDRE</b> <b>100 S. BISCAYNE BLVD STE.,#1500</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPGC</b> <b>DEL CASTILLO, BARABARA</b> <b>100 S. BISCAYNE BLVD STE.,#1500</b> <b>MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Naomi C. Dallob</b> <b>Sr VP &amp; General Counsel</b> <small>Date</small> <b>4/21/2005</b> <small>Daytime Phone #</small>		

ATTACHMENT  
HOSPICE, INC.

#V 35972

40666895

OFFICERS

Chief Executive Officer  
President  
Executive VP & Chief Operating Officer  
Executive VP-Development & Public Affairs  
Sr. VP & General Counsel

Timothy S. O'Toole  
David A. Wester  
Peggy Pettit  
Dierdre Lawe  
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole  
Kevin J. McNamara

ATTACHMENT # V35972  
HOSPICE, INC.

40066895

TITLE  
NAME  
SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

**Chief Executive Officer, Director**  
Timothy S. O'Toole

177 Ocean Lane Drive  
Key Biscayne, Florida 33149

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Chairman & Director**  
Kevin J. McNamara

949 Edwards Road  
Cincinnati, Ohio 45208

Chemed Corporation  
255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**President**  
David A. Wester

4244 Chase Avenue  
Miami Beach, Florida 33140

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Exec VP & COO**  
Peggy Pettit

13370 Biscayne Bay Terrace  
North Miami Beach, Florida 33181

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Exec VP-Dev of Public Affairs**  
Dierdre Lawe

4950 Thoroughbred Lane  
Ft. Lauderdale, Florida 33330

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Sr. VP & General Counsel**  
Naomi C. Dallob

1060 Barry Lane  
Cincinnati, Ohio 45229

Chemed Corporation  
255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202