2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2019
Secretary of State
4893054983CC

DOCUMENT# 762720

Entity Name: AVOW HOSPICE, INC.

Current Principal Place of Business:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105

Current Mailing Address:

1095 WHIPPOORWILL LN.
NAPLES, FL 34105 US

FEI Number: 59-2201250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROA, JAYSEN
1095 WHIPPOORWILL LN.
NAPLES, FL 34105 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CFO
Name	HALL, PHYLLIS
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	T
Name	LIPITZ, ROGER
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	SECRETARY
Name	LANZ, GERALD
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	CHIEF CLINICAL OFFICER
Name	GATIAN, REBECCA
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	PCEO
Name	ROA, JAYSEN
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	CHAIRMAN
Name	GROVER, VIP
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	VC
Name	HALL, DANA
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

Title	CHIEF COMPLIANCE OFFICER AND SVP OF ENGAGEMENT
Name	ERVIN, KERRI
Address	1095 WHIPPOORWILL LN.
City-State-Zip:	NAPLES FL 34105

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

SIGNATURE: PHYLLIS HALL CFO 04/25/2019

Electronic Signature of Signing Officer/Director Detail — Date