

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

ROLLINS, KAREN A
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 SECRETARY
Name GROVER, VIP
Address 148 GERANIUM COURT
City-State-Zip: MARCO ISLAND FL 34145

Title TREASURER
Name GAZDIC, JANICE H
Address 134 EDGEMERE WAY SOUTH
City-State-Zip: NAPLES FL 34105

Title CHAIRMAN
Name HOFFMAN, CHARLES FJR
Address 407 SADDLEBROOK LANE
City-State-Zip: NAPLES FL 34110

Title PRESIDENT/CEO
Name ROLLINS, KAREN
Address 1095 WHIPPOORWILL LN.
City-State-Zip: NAPLES FL 34105

Title CFO
Name BOONE, FRANK M
Address 11961 HEATHER WOOD COURT
City-State-Zip: NAPLES FL 34120

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: FRANK M BOONE

CFO

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date