

2020 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:**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 PCEO
Name ROA, JAYSEN
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 CHAIRMAN
Name GROVER, VIP
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 VC
Name HALL, DANA
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 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

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date