2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2015
Secretary of State
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Entity Name: FOR PAWS HOSPICE INC.

Current Principal Place of Business:

723 CLAUDIA LANE
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 6685
OZONA, FL 34660

FEI Number: 27-0355576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIKLE, NANCY
723 CLAUDIA LANE
PALM HARBOR, FL 34683 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	P	Title	VP
Name	WEIKLE, NANCY	Name	WEIKLE, HARLAN
Address	723 CLAUDIA LANE	Address	723 CLAUDIA LANE
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683

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: NANCY WEIKLE PRESIDENT 01/29/2015

Electronic Signature of Signing Officer/Director Detail — Date