

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000094307

**Entity Name:** COMPASSIONATE CARE HOSPICE OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**0886077322CC**

**Current Principal Place of Business:**

3854 AMERICAN WAY SUITE A  
BATON ROUGE, FL 70816

**Current Mailing Address:**

3854 AMERICAN WAY  
SUITE A  
BATON ROUGE, LA 70816 US

**FEI Number: 26-3668452**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            ASHWORTH, RICHARD  
Address        3854 AMERICAN WAY  
                 SUITE A  
City-State-Zip: BATON ROUGE LA 70816

Title            SECRETARY  
Name            GRIFFIN, JENNIFER GUCKERT  
Address        3854 AMERICAN WAY  
                 SUITE A  
City-State-Zip: BATON ROUGE LA 70816

Title            VP, TREASURER  
Name            GINN, SCOTT  
Address        3854 AMERICAN WAY  
                 SUITE A  
City-State-Zip: BATON ROUGE LA 70816

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

**SIGNATURE: JENNIFER G. GRIFFIN**

**SECRETARY**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date