

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35972

Entity Name: HOSPICE, INC.**Current Principal Place of Business:**201 S BISCAYNE BLVD
SUITE 400
MIAMI, FL 33131**Current Mailing Address:**255 E FIFTH ST
SUITE 1050
CINCINNATI, OH 45202 US**FEI Number:** 65-0680987**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	CEO, PRESIDENT
Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131

Title	SGC
Name	DALLOB, NAOMI C
Address	255 E FIFTH ST SUITE 2600
City-State-Zip:	CINCINNATI OH 45202-4726

Title	AT
Name	STEPHENS, MARK W
Address	255 E FIFTH ST SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	MCNAMARA, KEVIN J
Address	255 E FIFTH ST SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	PCEO
Name	WESTER, DAVID A
Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131

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: NAOMI C. DALLOB**SECRETARY & GENERAL** 03/28/2018
COUNSEL_____
Electronic Signature of Signing Officer/Director Detail_____
Date