

2020 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 MANGINE, ROBERT E JR.
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 EVP/CFO
Name KREGER, JEFFREY M
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: NICHOLAS WESTFALL

PCEO

04/22/2020

Electronic Signature of Signing Officer/Director Detail

Date