

**2023 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            JUDKINS, BRIAN C  
Address        255 E. 5TH STREET, SUITE 2600  
                  SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title            AT  
Name            MANGINE, ROBERT E JR.  
Address        255 E FIFTH ST  
                  SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title            CFO, EVP  
Name            FERNANDEZ, ALEXANDER  
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 M. WESTFALL

**CEO, PRESIDENT**

**04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date