

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V35972

Entity Name: HOSPICE, INC.**Current Principal Place of Business:**ATTN: LEGAL DEPARTMENT
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131**Current Mailing Address:**225 E 5TH ST
STE 2600 - BARBARA S GUGEL
CINCINNATI, OH 45202**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	DCEO
Name	O'TOOLE, TIMOTHY S
Address	100 S BISCAYNE BLVD., SUITE 1500
City-State-Zip:	MIAMI FL 33131

Title	SGC
Name	DALLOB, NAOMI C
Address	255 E 5TH ST STE 2600
City-State-Zip:	CINCINNATI OH 45202-4726

Title	AT
Name	STEPHENS, MARK W
Address	255 E 5TH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	MCNAMARA, KEVIN J
Address	255 E 5TH ST STE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	PCEO
Name	WESTER, DAVID A
Address	100 S BISCAYNE BLVD., SUITE 1500
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: MARK W. STEPHENS**ASSISTANT TREASURER** 06/25/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date