

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002722

**Entity Name:** THE COMPASSIONATE CARE HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

248 EAST CHESTNUT HILL ROAD  
SUITE 4  
NEWARK, DE 19713

**Current Mailing Address:**

248 EAST CHESTNUT HILL ROAD  
SUITE 4  
NEWARK, DE 19713

**FEI Number:** 20-1035181

**Certificate of Status Desired:** No

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

ARD, SHIRLEY & RUDOLPH, P.A.  
207 WEST PARK AVE.  
SUITE B  
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 P  
Name GREY, JUDITH  
Address 200 LANIDEX PLAZA  
SUITE 2101  
City-State-Zip: PARSIPPANY NJ 07054  
  
Title TREA  
Name HEILAND, PATRICIA A  
Address 150 LEONARD LANE  
City-State-Zip: HARRISBURG PA 17111

Title V  
Name HORNUNG, THOMAS J  
Address 900 PHILADELPHIA PIKE  
City-State-Zip: WILMINGTON DE 19809  
  
Title SECRETARY  
Name ALBERT, CHARLENE  
Address 261 CONNECTICUT DR.  
SUITE 1  
City-State-Zip: BURLINGTON NJ 08016

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

**SIGNATURE:** JUDITH GREY

**PRESIDENT**

**03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date