2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742246

FILED Apr 09, 2012 Secretary of State

Entity Name: HOSPICE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

5300 EAST AVENUE

WEST PALM BEACH, FL 334072387 US

Current Mailing Address: New Mailing Address:

5300 EAST AVENUE

WEST PALM BEACH, FL 334072387 US

FEI Number: 59-1825937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

O'DONNELL, MICHELE 5300 EAST AVENUE

WEST PALM BEACH, FL 33407 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

OFFICERS AND DIRECTORS:

Γitle: PCEO

Name: FIELDING, DAVID C Address: 5300 EAST AVENUE

City-St-Zip: WEST PALM BEACH, FL 33407

Title: CFO

Name: CALCOTE, RICHARD Address: 5300 EAST AVENUE

City-St-Zip: WEST PALM BEACH, FL 33407

Title: S

Name: DAUB, SUSAN Address: 5879 NW 124TH

City-St-Zip: CORAL SPINGS, FL 33076

Title: C

Name: MARINO, JOHN

Address: 1700 PALM BEACH LAKES BLVD, STE 650

City-St-Zip: WEST PALM BEACH, FL 33401

Title:

Name: HERRING, JOHN

Address: 2115 LOCKHEED TERRACE City-St-Zip: WELLINGTON, FL 33414

Title: VC

Name: LEVITT, RANDY

Address: 223 COMMODORE DRIVE City-St-Zip: JUPITER, FL 33477

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: RICHARD F. CALCOTE CFO 04/09/2012