



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 028 ****61.25

DOCUMENT # 745062 1. Entity Name COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.					
Principal Place of Business THE EARL B. HADLOW CENTER FOR CARING 4266 SUNBEAM RD. JACKSONVILLE, FL 32257			Mailing Address THE EARL B. HADLOW CENTER FOR CARING 4266 SUNBEAM RD. JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04142008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1940256	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PONDER-STANSEL, SUSAN 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, LARRY J		NAME	FREEMAN, LARRY J.	
STREET ADDRESS	800 PRUDENTIAL DR.		STREET ADDRESS	800 PRUDENTIAL DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKHART, JAMES R		NAME		
STREET ADDRESS	655 WEST 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIRNS, SCOTT S		NAME	CAIRNS, SCOTT S.	
STREET ADDRESS	50 NORTH LAURA STREET STE 3300		STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLBERG, LAWRENCE A JR MD		NAME		
STREET ADDRESS	4500 SAN PABLO		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, GENE		NAME		
STREET ADDRESS	5307 FLEET LANDING BLVD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PONDER-STANSEL, SUSAN		NAME		
STREET ADDRESS	4266 SUNBEAM ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Ponder-Stansel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-08 <small>Date</small>		
			904-268-5200 <small>Daytime Phone #</small>		