

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 745062

FILED
Feb 04, 2003
Secretary of State

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

THE EARL B. HADLOW CENTER FOR CARING
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

THE EARL B. HADLOW CENTER FOR CARING
4266 SUNBEAM RD.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-1940256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: FREEMAN, LARRY J
Address: 800 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: MCGOVERN, PAT
Address: 293 RIDGELINE COURT
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: SOLBERG, LAWRENCE
Address: 4500 SAN PABLO ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: CD () Delete
Name: LOGUE, JACK
Address: 1800 BARRS ST ST VINCENTS MED CTR
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD () Delete
Name: ARIAS, HONOR ROBERTO A
Address: 330 EAST BAY ST. ROOM 324
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: LOGUE, JACK
Address: 2622 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOGUE, JACK

CD

02/04/2003

Electronic Signature of Signing Officer or Director

Date