
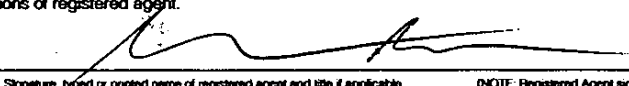
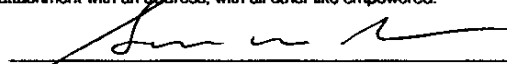


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90055 044 ****61.25

DOCUMENT # 753991 1. Entity Name HOSPICE HUNDRED, INC.					
Principal Place of Business 309 S E 18TH ST FORT LAUDERDALE, FL 33316 US				Mailing Address 309 S E 18TH ST FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent SCHULTZE, BETTY T 3544 BARBADOS AVENUE COOPER CITY, FL 33026				7. Name and Address of New Registered Agent Name Sandy Pierce Street Address (P.O. Box Number is Not Acceptable) 900 S. Rio Vista Blvd. City Fort Lauderdale FL Zip Code 33316	
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:  Sandra B. Pierce / 1/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOFIELD, SHERRY		NAME		
STREET ADDRESS	1108 ORANG ISLE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZE, BETTY T		NAME		
STREET ADDRESS	3544 BARBADOS AVE		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATZER, SUZY		NAME		
STREET ADDRESS	309 SE 18TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAGANO, CLAUDETTE		NAME		
STREET ADDRESS	900 SE 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNES, PAT		NAME		
STREET ADDRESS	309 SE 18TH ST		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEHER, KRISTEN		NAME		
STREET ADDRESS	1160 N FEDERAL HWY #214		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		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: 			1/26/06 974765-0593		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		