

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753991

FILED
Jul 02, 2007
Secretary of State

Entity Name: HOSPICE HUNDRED, INC.

Current Principal Place of Business:

309 S E 18TH ST
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

309 S E 18TH ST
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 59-2050770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIERCE, SANDY
900 S. RIO VISTA BLVD.
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BYRNES, PATRICIA S
101 SE 3 AVENUE
#308
DANIA BEACH, FL 33004 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: PATRICIA S. BYRNES

07/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOFIELD, SHERRY
Address: 1108 ORANG ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: 1VP () Delete
Name: BATZER, SUZY
Address: 309 SE 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: 2VP () Delete
Name: PAGANO, CLAUDETTE
Address: 900 SE 6TH ST
City-St-Zip: FT LAUDERDALE, FL 33301

Title: RS () Delete
Name: BYRNES, PAT
Address: 309 SE 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRNES, PATRICIA S
Address: 101 SE 3 AVENUE, #308
City-St-Zip: DANIA BEACH, FL 33004

Title: 1VP (X) Change () Addition
Name: FRENCH, BETH
Address: 309 SE 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T (X) Change () Addition
Name: NOBLETT, MONIQUE
Address: NORTHERN TRUST, 1100 EAST LAS OLAS BLVD.
City-St-Zip: FT LAUDERDALE, FL 33301

Title: RS (X) Change () Addition
Name: PAPPAS, FRANCES
Address: 2122 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA S. BYRNES

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

Date