2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 753991

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)**

Name and Address of Current Registered Agent:

BYRNES, PATRICIA S
101 SE 3 AVENUE
#308
DANIA BEACH, FL 33004 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: P ( ) Delete
Name: KASS, ALYSON
Address: 309 SE 18TH STREET
City-St-Zip: FT LAUDERDALE, FL 33316

Title: 1VP ( ) Delete
Name: WINSTON, BARBARA
Address: 309 SE 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

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

Title: RS ( ) Delete
Name: GLENEWINKEL, KATHRYN
Address: 309 SE 18TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

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

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 MS. 01/14/2009

Electronic Signature of Signing Officer or Director — Date