2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759182

1. Entity Name

HOSPICE CARE OF BROWARD COUNTY, INC.

FILED

00 MAY -10 PM 1:41

01/18/00-09037-003 **$61.25**

Principal Place of Business	Mailing Address
309 SE 18TH ST FORT LAUDERDALE FL 33316	309 SE 18TH ST FORT LAUDERDALE FL 33316-2617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2120945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAZER, BARBARA 321 SE 18TH ST FT. LAUDERDALE FL 33316	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
TITLE	P D	☐ Delete	SECRETARY/D	☐ Change ☒ Addition
NAME	SKIFF, NED		JAMES MURPHY, ESQ	
STREET ADDRESS	1401 NE 5 CT		633 S. ANDREWS AVE. #200	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		FT. LAUDERDALE 33301	
TITLE	D	☒ Delete	VICE PRESIDENT/D	☐ Change ☒ Addition
NAME	LICHTENSTEIN, BERT		FRANKIE THOMAS	
STREET ADDRESS	5111 W. OAKLAND PARK BLVD.		621 NW 33 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		FT LAUDERDALE, 33311	
TITLE	T D	☐ Delete	CFO	☐ Change ☒ Addition
NAME	PAGAN, JOSE		BARBARA BLAZER	
STREET ADDRESS	3965 NW 75 TERR		5302 MULBERRY DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33319		TAMARAC, FL 33319	
TITLE	D	☒ Delete	EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME	HVIDE, HANS		SUSAN TELLI	
STREET ADDRESS	701 SE 24 ST		RIO VISTA DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		FT. LAUDERDALE, FL 33301	
TITLE	D	☒ Delete		☐ Change ☐ Addition
NAME	BREWER, JACK			
STREET ADDRESS	1107 SE 6 ST			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			
TITLE	D	☒ Delete	Pat Burns authorized me to add "D" to titles on 5/10/00	☐ Change ☐ Addition
NAME	LATONA, JOHN			
STREET ADDRESS	315 SE 7 ST			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			

CR2E027 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Barbara Blazer SIGNATURE REQUIRED 1/5/99 (954) 4677423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #