2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-05-2001 90040 042 ****61.25

DOCUMENT # 759182

1. Entity Name

HOSPICE CARE OF BROWARD COUNTY, INC.

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

[redacted]

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

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	P SKIFF, NED 1401 NE 5 CT FT LAUDERDALE FL 33301 T	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KARIN Rhodes 347 POINCIANA DRIVE FT LAUDERDALE FL 33301 T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURPHY, JAMES ESQ. 633 S. ANDREWS AVENUE, #200 FT. LAUDERDALE FL 33301 T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAGAN, JOSE 3965 NW 75 TERR LAUDERHILL FL 33319 T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD THOMAS, FRANKIE 621 N.W. 33 AVENUE FT LAUDERDALE FL 33311 T	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO BLAZER, BARBARA 5502 MULBERRY DRIVE TAMARAC FL 33319 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED TELLI, SUSAN RIO VISTA DRIVE FT LAUDERDALE FL 33301 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO	☒ Change ☐ Addition

CR2E037 (10/00)

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 Barbara Blazer CFO 1/25/01 954 467-7423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #