2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 759182

Entity Name: HOSPICECARE OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business:

309 SE 18TH ST
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

309 SE 18TH ST
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-2120945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PALMER, KATHLEEN M CFO
321 SE 18TH ST
FT. LAUDERDALE, FL 33316 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:	TD	( ) Delete
Name:	RHODES, KARIN	
Address:	347 POINCIANA DR	
City-St-Zip:	FT LAUDERDALE, FL 33301	
Title:	VPT	( ) Delete
Name:	SKIFF, EDWARD	
Address:	512 N SE 8TH ST	
City-St-Zip:	FT. LAUDERDALE, FL 33316	
Title:	PT	( ) Delete
Name:	PAGAN, JOSE	
Address:	3965 NW 75 TERR	
City-St-Zip:	LAUDERHILL, FL 33319	
Title:	ST	( ) Delete
Name:	THOMAS, FRANKIE	
Address:	621 N.W. 33 AVENUE	
City-St-Zip:	FT LAUDERDALE, FL 33311	
Title:	CFOD	( ) Delete
Name:	PALMER, KATHLEEN M CFO	
Address:	543 SW 130TH ST	
City-St-Zip:	DAVIE, FL 33325	
Title:	CEOD	( ) Delete
Name:	TELLI, SUSAN	
Address:	RIO VISTA DRIVE	
City-St-Zip:	FT LAUDERDALE, FL 33301	

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:		
Title:	CFOD	(X) Change ( ) Addition
Name:	PALMER, KATHLEEN M CFO	
Address:	321 SE 18TH ST	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN M. PALMER, CFO CFOD 04/30/2004

Electronic Signature of Signing Officer or Director — Date