

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759182

FILED
Feb 21, 2008
Secretary of State

Entity Name: HOSPICECARE OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business:

309 SE 18TH STREET
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

321 SE 18TH STREET
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 STREET
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: PT () Delete
Name: RHODES, KARIN
Address: 347 POINCIANA DRIVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VPT () Delete
Name: LEE, ANN
Address: 2832 SW 4 STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: TD () Delete
Name: PAGAN, JOSE
Address: 3965 NW 75 TERRACE
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: 321 SE 18TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CEOD () Delete
Name: TELLI, SUSAN G CEO
Address: 1209 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
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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: KATHLEEN M PALMER

CFO

02/21/2008

Electronic Signature of Signing Officer or Director

Date