2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759182

FILED Jaņ 05, 2<u>01</u>1 Secretary of State

Entity Name: HOSPICECARE OF SOUTHEAST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

309 SE 18TH STREET

FORT LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

321 SE 18TH STREET FORT LAUDERDALE, FL 33316

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONZON-AGUIRRE, ESTHER 309 SOUTHEAST 18TH STREET FT. LAUDERDALE, FL 33316

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:

DAVIS, JANET Name: Address: 628 CORAL WAY

City-St-Zip: FT. LAUDERDALE, FL 33301

Title:

Name: RAY, DAVID

Address: 200 EAST LAS OLAS BLVD., STE 1700

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD

PAGAN, JOSE Name: 3965 NW 75 TERRACE Address: City-St-Zip: LAUDERHILL, FL 33319

Title: ST

Name: DALLAS, MICHELLE Address: 620 NE 3RD STREET City-St-Zip: FT LAUDERDALE, FL 33301

Title: COO

MONZON-AGUIRRE, ESTHER Name: Address: 309 SE 18TH STREET FORT LAUDERDALE, FL 33316

City-St-Zip:

Title:

TELLI, SUSAN G CEO Name: Address: 1209 RIO VISTA DRIVE FT LAUDERDALE, FL 33301 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: ESTHER MONZON-AGUIRRE COO 01/05/2011