

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 759182

FILED
Apr 30, 2003
Secretary of State

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: ST () Delete
Name: RHODES, KARIN
Address: 347 POINCIANA DR
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VPT () Delete
Name: MURPHY, JAMES ESQ.
Address: 633 S. ANDREWS AVENUE, #200
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: TD () Delete
Name: PAGAN, JOSE
Address: 3965 NW 75 TERR
City-St-Zip: LAUDERHILL, FL 33319

Title: PT () 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: TD (X) Change () Addition
Name: RHODES, KARIN
Address: 347 POINCIANA DR
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VPT (X) Change () Addition
Name: SKIFF, EDWARD
Address: 512 N SE 8TH ST
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PT (X) Change () Addition
Name: PAGAN, JOSE
Address: 3965 NW 75 TERR
City-St-Zip: LAUDERHILL, FL 33319

Title: ST (X) Change () Addition
Name: THOMAS, FRANKIE
Address: 621 N.W. 33 AVENUE
City-St-Zip: FT LAUDERDALE, FL 33311

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 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

CFOD

04/30/2003

Electronic Signature of Signing Officer or Director

Date