

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763575

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** HERNANDO-PASCO HOSPICE, INC.

**Current Principal Place of Business:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-2217929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARB, THOMAS  
12107 MAJESTIC BLVD.  
HUDSON, FL 34667 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:** C  
**Name:** WOODRUFF, RANDALL  
**Address:** 801 S. BROAD STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601

**Title:** D  
**Name:** MCGAVERN, WILLIAM  
**Address:** 39127 PRETTY POND ROAD  
**City-St-Zip:** ZEPHYRHILLS, FL 33540

**Title:** VC  
**Name:** VICK, RAY  
**Address:** 1210 S. WATERVIEW DR  
**City-St-Zip:** INVERNESS, FL 34450

**Title:** PCEO  
**Name:** BARB, THOMAS  
**Address:** 12107 MAJESTIC BLVD  
**City-St-Zip:** HUDSON, FL 34667

**Title:** S/T  
**Name:** GRAVES, ROGER  
**Address:** 3004 BRADFORD CIRCLE  
**City-St-Zip:** PALM HARBOR, FL 34685

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:** THOMAS D. BARB

CEO

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date