2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 763935

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

Current Principal Place of Business:

3010 W AZEELE ST
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3010 W AZEELE ST
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-2264957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L
3010 W AZEELE ST
TAMPA, FL 33609 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: D/C ( ) Delete
Name: LEAVENGOOD, VICTOR
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: LUDWIG, RICHARD E
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D/T ( ) Delete
Name: MELENDI, SUE M
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D/S ( ) Delete
Name: MELECH, TRISH
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: O/P ( ) Delete
Name: FERNANDEZ, KATHY L
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609 US

Title: O/VP ( ) Delete
Name: RICK, KEVIN G
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/C (X) Change ( ) Addition
Name: MELENDI, SUE M
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition
Name: LEAVENGOOD, VICTOR P
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D/T (X) Change ( ) Addition
Name: WALLACE, GEORGE H
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

Title: D/S (X) Change ( ) Addition
Name: GILES, FENN R JR.
Address: 3010 W AZEELE ST
City-St-Zip: TAMPA, FL 33609

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: KATHY L. FERNANDEZ O/P 04/24/2002

Electronic Signature of Signing Officer or Director — Date