
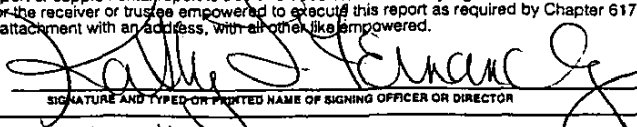


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 026 ****61.25

DOCUMENT # 763935 1. Entity Name LIFEPATH HOSPICE AND PALLIATIVE CARE, INC..					
Principal Place of Business 3010 W AZEELE STREET TAMPA, FL 33609 US			Mailing Address 3010 W AZEELE STREET TAMPA, FL 33609 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2264957	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, KATHY L 3010 W AZEELE STREET TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete See attachment listing officers and directors		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attachment listing officers and directors	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/26/05 (813) 870-7090		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kathy L Fernandez					

50044642



03282005 Chg-NP CR2E037 (10/03)

ATTACHMENT # 763935-
52044642
LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

9.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Fernandez, Kathy L. 3010 W. Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Black, Thomas W. 3010 W. Azeele Street Tampa, Florida 33609		<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Wallace, George H. 3010 W. Azeele Street Tampa, Florida 33609		<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Riley, Roxanne T. 3010 West Azeele Street Tampa, Florida 33609		<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CMO Schonwetter, Ronald S. 3010 West Azeele Street Tampa, Florida 33609		<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Madill, Peggy S. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dudney, B.J. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Goddard, Judith M. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lutton, Andrew E. 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirby, Jackie 3010 West Azeele Street Tampa, Florida 33609		

LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

Officers and Directors

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Witt, Larry 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harley, Deborah 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Giles, R. Fenn Jr. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ViceC/D Lincer, Walter M. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Spellman, Victoria 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Melendi, Sue M. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dertke, Max 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buffington, Daniel E. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bouffard, Amada 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caryl, Lesa 3010 West Azeele Street Tampa, Florida 33609		

LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.
Officers and Directors
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LeBeau, Cathy R. 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lott, Rick 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McMillan, Susan 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melech, Trish 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Midyett, Eddy 3010 West Azeele Street Tampa, Florida 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terrell, Tito 3010 West Azeele Street Tampa, Florida 33609	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Jennifer 3010 West Azeele Street Tampa, Florida 33609		