

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763935

FILED
Apr 17, 2008
Secretary of State

Entity Name: LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

Current Principal Place of Business:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637 US

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
12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637 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: DP () Delete
Name: FERNANDEZ, KATHY L
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DC () Delete
Name: LINCER, WALTER M
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DT () Delete
Name: MELENDI, SUE M
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DS () Delete
Name: MELECH, TRISH
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: UITERWYK, STEVEN
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC () Change (X) Addition
Name: HINTON, BRIAN
Address: 12973 TELECOM PKWY., STE. 100
City-St-Zip: TEMPLE TERRACE, FL 33637 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

DP

04/17/2008

Electronic Signature of Signing Officer or Director

Date