

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766821

FILED
Apr 02, 2009
Secretary of State

Entity Name: BIG BEND HOSPICE, INC.

Current Principal Place of Business:

1723 MAHAN CENTER BLVD
TALLAHASSEE, FL 323085408 US

New Principal Place of Business:

Current Mailing Address:

1723 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-2328806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAVEMAN, CARLA
1723 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 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: CD () Delete
Name: CAPELOUTO, RAYMOND
Address: 7022 STANDING PINES LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: BRAVEMAN, CARLA
Address: 1723 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCD () Delete
Name: INZER, BOB
Address: 613 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: O'DEA, JOHN
Address: 3054 O'BRIEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: WALDOCH, LAUCLIN
Address: 1024 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: 2VCD () Delete
Name: JONES, DAVID M.D.
Address: 2140 CENTERVILLE PLACE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: O'DEA, JOHN
Address: 3054 O'BRIEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: TD (X) Change () Addition
Name: MINDLIN, STEVE
Address: 2529 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD (X) Change () Addition
Name: SANDERS, TIM
Address: 230 SW MEETING STREET
City-St-Zip: MADISON, FL 32340

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

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: CARLA BRAVEMAN

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date