

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766821

FILED
Feb 01, 2010
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
Name: O'DEA, JOHN
Address: 3054 O'BRIEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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

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

Title: TD
Name: MINDLIN, STEVE
Address: 2529 KILLARNEY WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD
Name: SANDERS, TIM
Address: 230 SW MEETING STREET
City-St-Zip: MADISON, FL 32340

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

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: CARLA BRAVEMAN

PD

02/01/2010

Electronic Signature of Signing Officer or Director

Date