2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 26, 2011
Secretary of State

DOCUMENT# 766821

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:

ADKISON, CATHY M
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: INZER, BOB
Address: 613 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD
Name: ADKISON, CATHY M
Address: 1723 MAHAN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: TD
Name: HANSARD, MATTHEW
Address: 3375 NE CAPITAL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD
Name: DINCMAN, HOLLY
Address: 1319 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CT
Name: HOLDER, MELINDA
Address: 1723 MAHAN CENTER BLVD.
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: CATHY M ADKISON P 08/26/2011

Electronic Signature of Signing Officer or Director — Date