


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 768626</b> 1. Entity Name <b>HOSPICE OF CITRUS COUNTY, INC.</b>	
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Principal Place of Business <b>10 REGINA BLVD BEVERLY HILLS, FL 34465</b>	Mailing Address <b>PO BOX 641270 BEVERLY HILLS, FL 34464</b>
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02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2401197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PALUMBO, ANTHONY  
4915 WEST HORSESHOE DRIVE  
BEVERLY HILLS, FL 34465**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000490664 04/18/06-80067-001 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROWDA, CAROL 8950 E. EDAN WALK CT. INVERNESS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT BRANCH, BEN C 450 SE US 19 CRYSTAL RIVER, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DIXON, WILLIAM MP 2905 S. CIR DR INVERNESS, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP YERMAN, MARK J. 110 N. APOPKA AVE, STE 363 INVERNESS, FL 34450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LONG, SALLY PO BOX 1029 CRYSTAL RIVER, FL 34423</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ **3/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #