2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# 768626

Entity Name: HOSPICE OF CITRUS COUNTY, INC.

Current Principal Place of Business:

10 REGINA BLVD
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

PO BOX 641270
BEVERLY HILLS, FL 34464

New Mailing Address:

FEI Number: 59-2401197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALUMBO, ANTHONY
4915 WEST HORSESHOE DRIVE
BEVERLY HILLS, FL 34465 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:	S	( ) Delete
Name:	ROWDA, CAROL	
Address:	8950 E. EDAN WALK CT.	
City-St-Zip:	INVERNESS, FL	
Title:	DT	( ) Delete
Name:	BRANCH, BEN C	
Address:	450 SE US 19	
City-St-Zip:	CRYSTAL RIVER, FL	
Title:	DV	( ) Delete
Name:	DIXON, WILLIAM MP	
Address:	2905 S. CIR DR	
City-St-Zip:	INVERNESS, FL 34450	
Title:	DP	( ) Delete
Name:	YERMAN, MARK J	
Address:	110 N. APOPKA AVE, STE 363	
City-St-Zip:	INVERNESS, FL 34450	
Title:	D	(X) Delete
Name:	LONG, SALLY	
Address:	PO BOX 1029	
City-St-Zip:	CRYSTAL RIVER, FL 34423	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	DIXON, WILLIAM MD	
Address:	8308 E. FAIRWAY LOOP	
City-St-Zip:	INVERNESS, FL 34450	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL ROWDA S 04/19/2007

Electronic Signature of Signing Officer or Director — Date