


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90022 036 ****70.00

DOCUMENT # 768626 1. Entity Name HOSPICE OF CITRUS COUNTY, INC.					
Principal Place of Business 10 REGINA BLVD BEVERLY HILLS, FL 34465			Mailing Address PO BOX 641270 BEVERLY HILLS, FL 34464		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2401197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAHUMBO, ANTHONY J. 4915 WEST HORSESHOE DRIVE BEVERLY HILLS, FL 34465				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWDA, CAROL		NAME		
STREET ADDRESS	8950 E. EDAN WALK CT.		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, BEN C		NAME		
STREET ADDRESS	450 SE US 19		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, WILLIAM MD		NAME	DV	
STREET ADDRESS	8308 E. FAIRWAY LOOP		STREET ADDRESS	Long, Sally	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	2700 Haven St	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YERMAN, MARK J		NAME	Dixon, William, MD	
STREET ADDRESS	110 N. APOPKA AVE, STE 363		STREET ADDRESS	8308 E Fairway Loop	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	Inverness, FL 34450	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	CEO	
STREET ADDRESS			STREET ADDRESS	Pahumbo, Anthony J.	
CITY-ST-ZIP			CITY-ST-ZIP	10 Regina Blvd	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-28-08 Daytime Phone #		