2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768626

FILED Sep 10, 2009 Secretary of State

Entity Name: HOSPICE OF CITRUS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

10 REGINA BLVD

BEVERLY HILLS, FL 34465

Current Mailing Address: New Mailing Address:

PO BOX 641270

BEVERLY HILLS, FL 34464

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALUMBO, ANTHONY PALUMBO, ANTHONY J 4915 WEST HORSESHOE DRIVE 10 REGINA BLVD.

BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465 US

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: ANTHONY J. PALUMBO

09/10/2009 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ROWDA, CAROL ROWDA, CAROL Name: Name:

8950 E. EDAN WALK CT. Address: 8950 E. EDAN WALK CT. Address:

City-St-Zip: INVERNESS, FL City-St-Zip: INVERNESS, FL

Title: DT Title: () Delete () Change () Addition

BRANCH, BEN C Name: Name: Address: 450 SE US 19 Address: City-St-Zip: CRYSTAL RIVER, FL City-St-Zip:

Title: DV () Delete Title: () Change () Addition

LONG, SALLY Name: Name: 2700 HAVEN STREET Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip:

Title: DP () Delete Title: () Change () Addition

Name: DIXON, WILLIAM M.D. Name: 308 E FAIRWAY LOOP Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip:

Title: Title: CEO () Delete () Change () Addition

PALUMBO, ANTHONY J Name: Name: 10 REGINA BLVD Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

SAYLOR, BONNIE L Name: Name: Address: Address: 10 REGINA BLVD

BEVERLY HILLS, FL 34465 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE L. SAYLOR MS 09/10/2009