

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 08, 2011
Secretary of State

DOCUMENT# 768626

Entity Name: HOSPICE OF CITRUS COUNTY, INC.**Current Principal Place of Business:**3264 W AUDUBON PARK PATH
LECANTO, FL 34461**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 J
3264 W AUDUBON PARK PATH
LECANTO, FL 34461 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: SECY
Name: ROWDA, CAROL
Address: 8950 E. EDEN WALK CT.
City-St-Zip: INVERNESS, FL 34450

Title: TRES
Name: BRANCH, C BEN
Address: 450 SE US 19
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP
Name: LONG, SALLY
Address: 2700 HAVEN STREET
City-St-Zip: INVERNESS, FL 34452

Title: PRES
Name: DIXON, WILLIAM M.D
Address: 8308 E FAIRWAY LOOP
City-St-Zip: INVERNESS, FL 34450

Title: CEO
Name: PALUMBO, ANTHONY J
Address: 3264 W AUDUBON PARK PATH
City-St-Zip: LECANTO, FL 34461

Title: COO
Name: SAYLOR, BONNIE L
Address: 3264 W AUDUBON PARK PATH
City-St-Zip: LECANTO, FL 34461

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: BONNIE L SAYLOR

COO

07/08/2011

Electronic Signature of Signing Officer or Director

Date