

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005122

FILED
Apr 02, 2009
Secretary of State

Entity Name: WIREGRASS HOSPICE CARE, INC.

Current Principal Place of Business:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747 US

New Principal Place of Business:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 US

Current Mailing Address:

3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE, NY 11747 US

New Mailing Address:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 US

FEI Number: 20-0296636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C D () Delete
Name: MALONE, RONALD A
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: T D () Delete
Name: POTAPCHUK, JOHN R
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: S D () Delete
Name: PAIGE, STEPHEN B
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MALONE, RONALD A
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S
City-St-Zip: MELVILLE, NY 11747 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PCEO () Change (X) Addition
Name: STRANGE, TONY
Address: 3350 RIVERWOOD PARKWAY, SUITE 1400
City-St-Zip: ATLANTA, GA 30339 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN B. PAIGE

S D

04/02/2009

Electronic Signature of Signing Officer or Director

Date