

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002021

Entity Name: VOYAGER HOSPICECARE, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

6500 WEST FREEDWAY SUITE 900  
FORT WORTH, TX 76116

## New Principal Place of Business:

## Current Mailing Address:

6500 WEST FREEDWAY SUITE 900  
FORT WORTH, TX 76116

## New Mailing Address:

FEI Number: 20-1173787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT A. WEISS, ESQ.  
118 N GADSDEN ST SUITE 200  
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: DC (X) Delete  
Name: MCMAUDE, MICHAEL  
Address: 6726 HOT SPRINGS DRIVE  
City-St-Zip: AUSTIN, TX 78749

Title: CEO ( ) Delete  
Name: MCMAUDE, MICHAEL  
Address: 6726 HOT SPRINGS DRIVE  
City-St-Zip: AUSTIN, TX 78749

Title: DVC ( ) Delete  
Name: GUMINA, WILLIAM  
Address: 141 EAST 88TH STREET 10C  
City-St-Zip: NEW YORK, NY 10128

Title: DS ( ) Delete  
Name: PELLEGRINI, ALEX  
Address: 344 THIRD AVE 19B  
City-St-Zip: NEW YORK, NY 10010

Title: D (X) Delete  
Name: COMBS, THOMAS  
Address: 7336 WEEPING WILLOW DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: THOMPSON, ROBERT  
Address: 91 DUNNING ROAD  
City-St-Zip: NEW CANAAN, CT 06840

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition  
Name: MCMAUDE, MICHAEL  
Address: 640 EAST 3RD AVE  
City-St-Zip: DURANGO, CO 81301

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

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

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 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: MARIANNE BELLEFEUILLE

AM

04/27/2009

Electronic Signature of Signing Officer or Director

Date