2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# F10000002722

Entity Name: COMPASSIONATE CARE HOSPICE FOUNDATION, INCORPORATED

Current Principal Place of Business:

11 INDEPENDENCE WAY
NEWARK, DE 19713

New Principal Place of Business:

Current Mailing Address:

11 INDEPENDENCE WAY
NEWARK, DE 19713

New Mailing Address:

FEI Number: 20-1035181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZAPPO, ROZIE
2393 E.F. GRIFFIN RD.
BARTOW, FL 33830 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: P
Name: HORNUNG, THOMAS J
Address: 900 PHILADELPHIA PIKE
City-St-Zip: WILMINGTON, DE 19809

Title: V
Name: GREY, JUDITH
Address: 7 DEER RUN
City-St-Zip: ROCKAWAY, NJ 97866

Title: S
Name: O'DOUGHERTY, CATHERINE
Address: 9 ROUND HILL RD.
City-St-Zip: KINNELON, NJ 07405

Title: T
Name: HEILAND, PATRICIA C
Address: 1513 CEDAR CLIFF DR., SUITE 100
City-St-Zip: CAMP HILL, PA 17011

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: ROZIE ZAPPO MS. 01/10/2011

Electronic Signature of Signing Officer or Director Date