2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2012
Secretary of State

DOCUMENT# F11000002012

Entity Name: AH HOSPICE FOUNDATION, INC.

Current Principal Place of Business:

50 NORTH LAURA
JACKSONVILLE, FL 32202

New Principal Place of Business:

50 NORTH LAURA
SUITE 1800
JACKSONVILLE, FL 32202

Current Mailing Address:

50 NORTH LAURA
JACKSONVILLE, FL 32202

New Mailing Address:

50 NORTH LAURA
SUITE 1800
JACKSONVILLE, FL 32202

FEI Number: 45-1348449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP
Name: PREUSS, JEFFREY J
Address: 3707 RICHMOND ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: T
Name: FOGLE, RICHARD
Address: 335 ST. JOHNS FOREST
City-St-Zip: ST. JOHNS, FL 32259

Title: DS
Name: RADLE, CATHERINE
Address: 792 SCALES ROAD
City-St-Zip: SUWANEE, GA 30024

Title: D
Name: ROSENGART, LINDA S
Address: 18819 ISLAND DRIVE
City-St-Zip: HAGERSTOWN, MD 21742

Title: D
Name: GRAUER, PHYLLIS DR.
Address: 7661 COOK ROAD
City-St-Zip: PLAIN CITY, OH 43064

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: CATHERINE RADLE ED 02/14/2012

Electronic Signature of Signing Officer or Director — Date