

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N00000002352

Entity Name: HOSPICE OF HILLSBOROUGH, INC.

Current Principal Place of Business:

3010 WEST AZEELE AVENUE
TAMPA, FL 33609

New Principal Place of Business:

3010 WEST AZEELE STREET
TAMPA, FL 33609

Current Mailing Address:

3010 WEST AZEELE AVENUE
TAMPA, FL 33609

New Mailing Address:

3010 WEST AZEELE STREET
TAMPA, FL 33609

FEI Number: 59-2264957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROLAND, DOUGLAS C
500 EAST KENNEDY BOULEVARD
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FERNANDEZ, KATHY L
3010 WEST AZEELE STREET
TAMPA, FL 33609 US

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: KATHY L. FERNANDEZ 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: FERNANDEZ, KATHY
Address: 3010 WEST AZEELE AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: ROLAND, DOUGLAS C
Address: 500 E. KENNEDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: CONBS, THOMAS
Address: 3010 W. AZEELE ST.
City-St-Zip: TAMPA, FL 33602

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: FERNANDEZ, KATHY L
Address: 3010 WEST AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

Title: D/C (X) Change () Addition
Name: GILES, R. FENN JR.
Address: 3010 WEST AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

Title: D/T (X) Change () Addition
Name: MELENDI, SUE M
Address: 3010 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

Title: D/S () Change (X) Addition
Name: SPELLMAN, VICTORIA
Address: 3010 WEST AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. FERNANDEZ D/P 04/28/2004
Electronic Signature of Signing Officer or Director Date