2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002352

City-St-Zip:

TAMPA, FL 33609 US

Entity Name: HOSPICE OF HILLSBOROUGH, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3010 WEST AZEELE STREET 12973 TELECOM PARKWAY TAMPA, FL 33609

SUITE 100

TEMPLE TERRACE, FL 33637

Current Mailing Address: New Mailing Address:

3010 WEST AZEELE STREET 12973 TELECOM PARKWAY SUITE 100 TAMPA, FL 33609

TEMPLE TERRACE, FL 33637

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

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L FERNANDEZ, KATHY L 3010 WEST AZEELE STREET 12973 TELECOM PARKWAY TAMPA, FL 33609 SUITE 100

TEMPLE TERRACE, FL 33637 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: 04/25/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

FERNANDEZ, KATHY L FERNANDEZ, KATHY L Name: Name: 3010 WEST AZEELE STREET Address: 12973 TELECOM PARKWAY, SUITE 100 Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DC () Delete Title: (X) Change () Addition GILES, R. FENN JR Name: LINCER, WALTER M Name:

Address: 3010 WEST AZEELE STREET Address: 12973 TELECOM PARKWAY, SUITE 100

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: () Delete Title: (X) Change () Addition MELENDI, SUE M MELENDI, SUE M Name: Name:

3010 W. AZEELE STREET 12973 TELECOM PARKWAY, SUITE 100 Address: Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DS () Delete Title: DS (X) Change () Addition

Name: SPELLMAN, VICTORIA Name: SPELLMAN, VICTORIA 3010 WEST AZEELE STREET 12973 TELECOM PARKWAY, SUITE 100 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TEMPLE TERRACE, FL 33637 US

SIGNATURE: KATHY L FERNANDEZ DP 04/25/2006