

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002352

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: HOSPICE OF HILLSBOROUGH, INC.

## Current Principal Place of Business:

12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637

## New Principal Place of Business:

## Current Mailing Address:

12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637

## New Mailing Address:

FEI Number: 59-2264957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, KATHY L  
12973 TELECOM PARKWAY  
SUITE 100  
TEMPLE TERRACE, FL 33637 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 ( ) Delete  
Name: FERNANDEZ, KATHY L  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DC ( ) Delete  
Name: LINCER, WALTER M  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DT ( ) Delete  
Name: MELENDI, SUE M  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

Title: DS ( ) Delete  
Name: SPELLMAN, VICTORIA  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DS (X) Change ( ) Addition  
Name: MELECH, TRISH  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

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.

SIGNATURE: KATHY L. FERNANDEZ

DP

01/18/2007

Electronic Signature of Signing Officer or Director

Date