

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002352

FILED  
Mar 26, 2012  
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  
ATTN: LEGAL DEPARTMENT  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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  
Name: FERNANDEZ, KATHY L  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

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: KATHY L FERNANDEZ

DP

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date