

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003838

Entity Name: DOUGLAS GARDENS HOSPICE, INC.

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

5200 NE 2 AVE
MIAMI, FL 331372706

New Principal Place of Business:

Current Mailing Address:

5200 NE 2 AVE
MIAMI, FL 331372706

New Mailing Address:

FEI Number: 65-1139194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H ESQ
CYPEN & CYPEN, 825 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140 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: CD () Delete
Name: BRAMAN, NORMAN
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: VCD () Delete
Name: OLEMBERG, ISAAC
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: BARROCAS, ALBERTO
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: UNGER, ARTHUR
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: SD () Delete
Name: GOLDBER, MARILYN
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBERTO BARROCAS

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date