

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90008 010 \*\*\*\*70.00

**DOCUMENT # N01000003838**

1. Entity Name  
**DOUGLAS GARDENS HOSPICE, INC.**



Principal Place of Business  
**5200 NE 2 AVE  
MIAMI, FL 33137-2706**

Mailing Address  
**5200 NE 2 AVE  
MIAMI, FL 33137-2706**

40023101



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1139194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CYPEN, STEPHEN H ESQ 777  
CYPEN & CYPEN, 825 ARTHUR GODFREY RD -STE 320  
MIAMI BEACH, FL 33140**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Stephen H. Cypen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2.20.07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRAMAN, NORMAN 5200 NE 2ND AVENUE MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD OLEMBERG, ISAAC 5200 NE 2ND AVENUE MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UNGER, ARTHUR 5200 NE 2ND AVENUE MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDABER, MARILYN 5200 NE 2ND AVENUE MIAMI, FL 33137
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*[Signature]*