2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90035 024 ****70.00

DOCUMENT # N0100003838 1. Entity Name DOUGLAS GARDENS HOSPICE, INC.							00035 024 ****70	.00	
Principal Place of Business 5200 NE 2 AVE MIAMI, FL 33137-2706 Mailing Address 5200 NE 2 AVE MIAMI, FL 33137-2706				1			ir erin eriro ima polen irak	11/ 10/1 84 18/8 4	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272008 C	hg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 65-113919	 94		oplied For ot Applicable	
Zip	Country	Zip	(Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Age	nt		7. Name and Add	dress of New R	· · · · · · · · · · · · · · · · · · ·		
				Name ()	Name Cype, Slephen H ESQ				
CYPEN, STEPHEN H ESQ CYPEN & CYPEN, 825 ARTHUR GODFREY RD				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH, FL 33140				777 Diller Godfrey RD.					
					City Mian; Beach _ FL Zip Code 33140				
	named entity submits this statement filions of registered agent.	or the purpose of	changing its regis	tered office or regis	tered agent, or both, in		orida. I am familiar with,		
SIGNATURE			WOTE David				DATE		
	Signazure, typed or printed name of registered agen			tered Agent signature requ		STIPS IN THE	A. "Alama "balkas ume "Arra accepties)	Marine Company	
	Filling Fee is \$61.25 Due by May 1, 2008		Election Campaig Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	THE STATE M	ake check payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9.	Election Campaig Trust Fund Contrib	n Financing bution.	\$5.00 May Be Added to Fees	Flor	ake check payable to Ida Department of SI RS AND DIRECTORS IN	ate	
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I nereby certify that the information supplied with this filling 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 MARK T. KNIGHT

SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR 03/27/08 (305)751-8629 SIGNATURE: .