

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003838

**FILED**  
**Aug 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

5200 NE 2ND AVE  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

5200 NE 2 ND AVE  
MIAMI, FL 33137

**New Mailing Address:**

5200 NE 2ND AVE  
MIAMI, FL 33137

**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  
777 ARTHUR GODFREY RD  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

LETTMAN, MARILYN  
5200 NE 2 AVENUE  
MIAMI, FL 33137 US

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: MARILYN LETTMAN

08/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FREIMARK, JEFFREY P  
Address: 5200 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: FUNK, MORRIS  
Address: 5200 NE SECOND AVE  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: DESMARTEAU, LISA JO  
Address: 5200 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

Title: SD  
Name: LETTMAN, MARILYN  
Address: 5200 NE 2 AVENUE  
City-St-Zip: MIAMI, FL 33137

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: MARILYN LETTMAN

SD

08/01/2011

Electronic Signature of Signing Officer or Director

Date