2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2010
Secretary of State

DOCUMENT# N01000004545

Entity Name: THE HOSPICE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

5041 N 12TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5041 N 12TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2208300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNEE, DALE
5041 N 12TH AVENUE
PENSACOLA, FL 32504 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: PD
Name: KNEE, DALE O
Address: 5041 N 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: CD
Name: SCHLENKER, PATRICK A
Address: 1360 BRICKYARD ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: TD
Name: ESPENSCHEID, CLAUDIA E
Address: 362 GULF BREEZE PARKWAY # 141
City-St-Zip: GULF BREEZE, FL 32561

Title: SD
Name: CAMPBELL, JAMES S ESQ.
Address: 501 COMMENDENCIA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VCD
Name: HERR, ROBIN D
Address: 1105 WILLOWOOD CIRCLE
City-St-Zip: GULF BREEZE, FL 32463

Title: D
Name: OXENHAM, RANDY C DR
Address: 1401 N. TARRAGONA STREET
City-St-Zip: PENSACOLA, FL 32501

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: DALE KNEE CEO 03/24/2010

Electronic Signature of Signing Officer or Director — Date