# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2011**
**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: HERR, ROBIN D
Address: 1105 WILLOWOOD CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: TD
Name: REMKE, ADRIAN P
Address: 513 WINDROSE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: SD
Name: SLYKE, BOB V
Address: 222 N. SPRING STREET
City-St-Zip: PENSACOLA, FL 32502

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

Title: D
Name: SCHLENKER, PATRICK A
Address: 7746 LAKESIDE DRIVE
City-St-Zip: MILTON, FL 32583

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 O. KNEE DP 03/17/2011
Electronic Signature of Signing Officer or Director Date