2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N01000004546

Entity Name: NORTHWEST FLORIDA HOSPICE, INC.

Current Principal Place of Business:

5041 N. 12TH AVENUE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

5041 N. 12TH AVENUE
PENSACOLA, FL 32504 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KNEE, DALE O.
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	( ) Delete
Name:	KNEE, DALE O	
Address:	5041 N. 12TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	CD	( ) Delete
Name:	OXENHAM, RANDY C.	
Address:	1401 N. TARRAGONA STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	SD	( ) Delete
Name:	GREENHUT, BILL	
Address:	P O BOX 12603	
City-St-Zip:	PENSACOLA, FL 32591	
Title:	TD	( ) Delete
Name:	ESPENSCHEID, CLAUDIA E	
Address:	3867 WEST MADURA ROAD	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	D	( ) Delete
Name:	MILLS, DR. ROBERT J.	
Address:	4491 WHISPER DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VD	( ) Delete
Name:	GURECK, BILL R USN	
Address:	3155 MARCUS POINTE BLVD	
City-St-Zip:	PENSACOLA, FL 32505	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	HERR, ROBIN D	
Address:	715 S. PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	TD	(X) Change ( ) Addition
Name:	ESPENSCHEID, CLAUDIA E	
Address:	600 S. BARRACKS STREET, SUITE 210	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	D	(X) Change ( ) Addition
Name:	MILLS, ROBERT J DR	
Address:	4491 WHISPER DRIVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	VD	(X) Change ( ) Addition
Name:	SCHLENKER, PATRICK A	
Address:	1360 BRICKYARD ROAD	
City-St-Zip:	CHIPLEY, FL 32428	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN YOUNG VP 04/29/2008

Electronic Signature of Signing Officer or Director — Date