

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90043 046 ****70.00

DOCUMENT # N01773 1. Entity Name HOSPICE OF FLORIDA KEYS, INC.					
Principal Place of Business 1319 WILLIAM STREET KEY WEST, FL 33040 US			Mailing Address 1319 WILLIAM STREET KEY WEST, FL 33040 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2386289	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KERN, LIZ 1607 JOHNSON STREET KEY WEST, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHELBY, DIANE		NAME		
STREET ADDRESS	1611 VON PHISTER		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	CARPER, JEAN		NAME	VD Kenn Edwards	
STREET ADDRESS	1500 VON PHISTER ST.		STREET ADDRESS	1319 William St.	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	Key West, FL 33040	
TITLE	SD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	DANIELS, JANE		NAME	SD Jeff Overby, The Honorable	
STREET ADDRESS	2341 SOMBRERO BLVD		STREET ADDRESS	1319 William Street	
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP	Key West, FL 33040	
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEGINDER, LINDA		NAME		
STREET ADDRESS	133361 OVERSEAS HWY		STREET ADDRESS		
CITY-ST-ZIP	MARATHON, FL 33050		CITY-ST-ZIP		
TITLE	PM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KERN, LISBETH		NAME		
STREET ADDRESS	1607 JOHNSON STREET		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>Lisbeth Kern</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/27/06 305/294-8812 Date Daytime Phone #		

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01262006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable