2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N01773

Entity Name: HOSPICE OF FLORIDA KEYS, INC.

Current Principal Place of Business:

1319 WILLIAM STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

1319 WILLIAM STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2386289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KERN, LIZ
1607 JOHNSON STREET
KEY WEST, FL 33040 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: CD ( ) Delete
Name: SHELBY, DIANE
Address: 1611 VON PHISTER
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: RYSMAN, PETER
Address: 62 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: OVERBY, JEFF
Address: 1319 WILLIAM ST
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: NILES, JR., JACK
Address: 2432 FLAGLER
City-St-Zip: KEY WEST, FL 33040

Title: PM ( ) Delete
Name: KERN, LISBETH
Address: 1607 JOHNSON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: RYSMAN, PETER
Address: 62 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition
Name: HOUTZ, KATHY
Address: 15 BOUGANVILLEA AVE.
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change ( ) Addition
Name: LANMAN, DON
Address: 1201 SIMONTON
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GREG WHEELER CFO 03/05/2009

Electronic Signature of Signing Officer or Director — Date