

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01773

FILED
Feb 24, 2010
Secretary of State

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 ()

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
Name: RYSMAN, PETER
Address: 62 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD
Name: LANMAN, DON
Address: 1201 SIMONTON
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: DOMANSKI, MARGARET PHD
Address: 1107 KEY PLAZA, #270
City-St-Zip: KEY WEST, FL 33040

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

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

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: GREGORY WHEELER

CFO

02/24/2010

Electronic Signature of Signing Officer or Director

Date