

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000002251

**FILED**  
**Oct 21, 2004**  
**Secretary of State****Entity Name:** THE CENTER FOR PALLIATIVE CARE, INC.**Current Principal Place of Business:**1205 WHIPPOORWILL LANE  
NAPLES, FL 34105**New Principal Place of Business:****Current Mailing Address:**1205 WHIPPOORWILL LANE  
NAPLES, FL 34105**New Mailing Address:****FEI Number:** 55-0824833**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COX, DIANE  
1205 WHIPPOORWILL LANE  
NAPLES, FL 34105 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: MR. ( ) Change (X) Addition  
Name: LIPITZ, ROGER  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 USTitle: MR. ( ) Change (X) Addition  
Name: WALTERS, GEORGE JR.  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 USTitle: MR. ( ) Change (X) Addition  
Name: ALLEMONG, DOUGLAS  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 USTitle: MS. ( ) Change (X) Addition  
Name: CHANDLER, DEBORAH  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 USTitle: MR. ( ) Change (X) Addition  
Name: COLE, PHILIP  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 USTitle: DR. ( ) Change (X) Addition  
Name: GOTSIS, PERRY  
Address: 1095 WHIPPOORWILL LANE  
City-St-Zip: NAPLES, FL 34105 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 ROLLINS

COO

10/21/2004

Electronic Signature of Signing Officer or Director

Date