## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # N0300007310  1. Entity Name THE CENTRAL FLORIDA PARTNERSHIP TO IMPROVE END-OF-LIFE CARE, INC								04-13-2005 90047 015 ****61.25					
Principal Place of Business 480 W Mailing Address  595 MONTGOMERY RD CENTURY ALTAMONTE SPRINGS, FL 23714 VEUKWAY ALTAMONTE SPRINGS, FL 23714							\$-• 			ITII <b>Ca</b> in <b>Xa</b> i	1 (1111 1111 <b>111</b> 11)	ECHIAN DI FERM	
2. Principal Place of Business			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03212005	Chg-N	P	CR26	037 (10/03)	
City & State			Cit	City & State				4. FEI Number Applied For 20-0218635 Not Applicable					
Zip	ip Country			Zip		untry ,		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Currer	nt Registere	d Agent		ļ		7. Name and	Address	of New	Registere	d Agent	
MALKENS	ON CAII					Name							
695 MONT						Street A	ddress (F	P.O. Box Numb			le) D =	1 .	
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Altament springs F1. 32714, Gi						City			Γ.	<u> </u>	F		14
	named entiti tions of regis	ty submits this statement tered agent	for the purp	ose of changing its	registen	ed office or	registen	ed agent, or bo	th, in the S	State of F	lonida. I a	m familiar with	, and accept
SIGNATURE		n Ma								4	10	05	
	Street from terror	for printed name of moisteard age	and and title if ann	TOTAL AND T	C- Devices	of Annal Street					f naho	e	
	Signagare, typed	d or printed name of registered age	ent and title if app	licable. (NOT	E: Registere	id Agent signati	ure required	when minstating)			f o/m	E	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

DIVITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/85 407682-0808