

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007310

FILED
Jan 12, 2006
Secretary of State

Entity Name: THE CENTRAL FLORIDA PARTNERSHIP TO IMPROVE END-OF-LIFE CARE, INC

Current Principal Place of Business:

480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-0218635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALKENSON, GAIL
480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ISSEN, ALISON
480 W CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32714 US

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: ALISON ISSEN

01/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MALKENSON, GAIL
Address: 480 W CENTRAL PKWY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS () Delete
Name: CAVANAUGH, LINDA
Address: 220 FREEMAN ST
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: ENGERT, BARTH
Address: 480 W CENTRAL PKWY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: ISSEN, ALISON
Address: 480 W CENTRAL PKWY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: ALISON ISSEN

DT

01/12/2006

Electronic Signature of Signing Officer or Director

Date