


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90020 032 \*\*\*\*61.25

<b>DOCUMENT # N03000009293</b> 1. Entity Name <b>HOSPICE OF THE PALM COAST, INC.</b>					
Principal Place of Business <b>717 N. HARWOOD STREET SUITE 1500 DALLAS, TX 75201</b>			Mailing Address <b>717 N. HARWOOD STREET SUITE 1500 DALLAS, TX 75201</b>		
2. Principal Place of Business <b>149 South Ridgewood Ave</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>Suite 400</b>		Suite, Apt. #, etc. 			
City & State <b>Daytona Beach FL</b>		City & State 			
Zip <b>32114</b>		Country <b>U.S.A</b>		Zip 	
Country 		Country 			
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Make check payable to Florida Department of State</b> </div> <div style="width: 50%;"> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO BURNHAM, RICHARD</b> <input type="checkbox"/> Delete <b>717 N HARWOOD, STE 1500</b> <b>DALLAS, TX 75201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lefton, Robert</b> <b>717 N. Harwood, Ste 1500</b> <b>Dallas, TX 75201</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC</b> <input type="checkbox"/> Delete <b>CANNON, DOUG</b> <b>717 N HARWOOD, STE 1500</b> <b>DALLAS, TX 75201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPGC</b> <input type="checkbox"/> Delete <b>BICKHAM, BRAD</b> <b>717 N HARWOOD, STE 1500</b> <b>DALLAS, TX 75201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC</b> <input type="checkbox"/> Delete <b>WORTHY, SUSAN</b> <b>717 N HARWOOD, STE 1500</b> <b>DALLAS, TX 75201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Susan Worthy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/15/06</u> <u>(214) 210-8847</u> <small>Date Daytime Phone #</small>		