

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004306

FILED
Aug 31, 2006
Secretary of State

Entity Name: HOSPICE CHARITIES, INC.

Current Principal Place of Business:

71 COLLEGE DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073

Current Mailing Address:

71 COLLEGE DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BASS, GARY A
71 COLLEGE DRIVE
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

BASS, GARY A P,D
2654 HOLLY POINT, EAST
ORANGE PARK, FL 32073 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: GARY A. BASS

08/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: BASS, GARY A
Address: 71 COLLEGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: D () Delete
Name: MADDOX, PAM
Address: 527 MULBERRY DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: D () Delete
Name: FRAME, BOB
Address: 527 MULBERRY DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: D () Delete
Name: SHUSTER, JUDY
Address: 2223 ASTOR ST LIDO #4
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SHUSTER, JUDY
Address: ASTOR ST #10
City-St-Zip: ORANGE PARK, FL 32073

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: GARY A. BASS

P,D

08/31/2006

Electronic Signature of Signing Officer or Director

Date