2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# N04000009941

Entity Name: SOUTH FLORIDA HOSPICE, INC.

Current Principal Place of Business:

% PANZA MAURER & MAYNARD P.A.
3600 NORTH FEDERAL HIGHWAY, THIRD FLOOR
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

% PANZA MAURER & MAYNARD P.A.
3600 NORTH FEDERAL HIGHWAY, THIRD FLOOR
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-1894809   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

PANZA, THOMAS F
% PANZA MAURER & MAYNARD P.A.
3600 NORTH FEDERAL HIGHWAY, THIRD FLOOR
FORT LAUDERDALE, FL 33308 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: THOMAS F. PANZA

Electronic Signature of Registered Agent	Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SALAZAR, GUILLERMO	
Address:	15712 SW 41ST STREET SUITE #16	
City-St-Zip:	DAVIE, FL 33331	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GUILLERMO SALAZAR   PD   10/09/2006

Electronic Signature of Signing Officer or Director	Date