

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011576

FILED
Jan 26, 2011
Secretary of State

Entity Name: HOSPICE OF PALM BEACH COUNTY FOUNDATION, INC.

Current Principal Place of Business:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-3974070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONNELL, MICHELE
5300 EAST AVENUE
WEST PALM BEACH, FL 33407 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEACH, GREG
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP
Name: CALCOTE, RICHARD
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: C
Name: STAYMAN, HAL
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CE
Name: CALLAHAN, RICHARD
Address: 5300 EAST AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T
Name: QUICK, THOMAS
Address: 230 S. COUNTY RD, STE C
City-St-Zip: PALM BEACH, FL 33480

Title: S
Name: BACINICH, MARIA
Address: 1048 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

I hereby 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 all other like empowered.

SIGNATURE: RICHARD F. CALCOTE

CFO

01/26/2011

Electronic Signature of Signing Officer or Director

Date