

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 20, 2009  
Secretary of State

DOCUMENT# N07000010220

Entity Name: CROWN HOSPICE, INC.

**Current Principal Place of Business:**

4741 SW 20 ST.  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

4741 SW 20 ST.  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 26-1264962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

KAY, PROGAR  
4741 SW 20TH ST  
OCALA, FL 34474 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: KAY PROGAR

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WINTERS, TIMOTHY  
Address: 2448 E 81ST ST., STE. 5900  
City-St-Zip: TULSA, OK 74137

Title: D ( ) Delete  
Name: WINTERS, THOMAS  
Address: 2448 E 81 ST, STE. 5900  
City-St-Zip: TULSA, OK 74137

Title: D ( ) Delete  
Name: BOYD, DEBORAH  
Address: 2448 E 81 ST., STE. 5900  
City-St-Zip: TULSA, OK 74137

**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:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J WINTERS

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date