

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010443

FILED
Jun 27, 2009
Secretary of State

Entity Name: ARTS AT HOSPICE, INC.

Current Principal Place of Business:

4201 N OCEAN BLVD C901
BOCA RATON, FL 33431

New Principal Place of Business:

4201 N OCEAN BLVD C901
C901
BOCA RATON, FL 33431

Current Mailing Address:

4201 N OCEAN BLVD C901
BOCA RATON, FL 33431

New Mailing Address:

4201 N OCEAN BLVD C901
C901
BOCA RATON, FL 33431

FEI Number: 26-3775077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC
13302 WINDING OAKS BLVD SUITE A-100
TAMPA, FL 33612 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 () Delete
Name: TRACY, PETER
Address: 4201 N OCEAN BLVD C901
City-St-Zip: BOCA RATON, FL 33431

Title: T () Delete
Name: TRACY, JANE
Address: 4201 N OCEAN BLVD C901
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: AVITABLE, LISA
Address: 137 NORTHFORD RD
City-St-Zip: BRANFORD, CT 06405

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: PETER H TRACY

PETE

06/27/2009

Electronic Signature of Signing Officer or Director

Date