

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08916

FILED
Apr 15, 2008
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 269
SUITE #26
PALM BEACH, FL 33480

New Principal Place of Business:

139 NORTH COUNTY RD.
SUITE #26
PALM BEACH, FL 33480

Current Mailing Address:

P.O. BOX 269
SUITE #26
PALM BEACH, FL 33480

New Mailing Address:

139 NORTH COUNTY RD.
SUITE #26
PALM BEACH, FL 33480

FEI Number: 59-2543362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUMMERS, MR. GEORGE
215 EL BRAVO WAY
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SUMMERS, MR. GEORGE E
215 EL BRAVO WAY
PALM BEACH, FL 33480 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: MR. GEORGE E. SUMMERS

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BROGAN, JOHN J
Address: 400 NORTH FLAGLER DRIVE, #1906
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: MESSIC, HELEN
Address: 2600 N. LFLAGLER DR. #307
City-St-Zip: WEST PALM BEACH, FL 33401

Title: CIC () Delete
Name: SUMMERS, GEORGE E
Address: 215 EL BRAVO WAY
City-St-Zip: PALM BEACH, FL 33480

Title: TD () Delete
Name: COOK, MR. MARK W
Address: 340 ROYAL PALM WAY #101
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: ALBAN, MR. JAMES C II
Address: 249 WEST INDIES DR.
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: HULITAR, MARY
Address: 980 N OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

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: () 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: GEORGE E. SUMMERS

CIC

04/15/2008

Electronic Signature of Signing Officer or Director

Date