## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08916

FILED May 24, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: SUMMERS, GEORGE E Address: 215 EL BRAVO WAY City-St-Zip: PALM BEACH, FL 33480

Title: SD

Name: MESSIC, HELEN

Address: 2600 N. FLAGLER DR. #307 City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD

Name: HULITAR, MARY

Address: 980 NORTH OCEAN BLVD. City-St-Zip: PALM BEACH, FL 33480

Title: TD

Name: COOK, MR. MARK W

Address: 1919 N. FLAGLER DR. STE. 300

City-St-Zip: PALM BEACH, FL 33407

Title: SD

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

Title: [

Name: FLAGG, JOHN E III
Address: 249 LA PUERTA
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: GEORGE E. SUMMERS PRES 05/24/2011