

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08916

FILED
Jan 17, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 E
215 EL BRAVO WAY
PALM BEACH, FL 33480 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: 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: D
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

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date