2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# N09000007987

Entity Name: HOSPICE ADMINISTRATION / MANAGEMENT, INC.

Current Principal Place of Business:

12107 MAJESTIC BOULEVARD
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

12107 MAJESTIC BOULEVARD
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS BARB
12107 MAJESTIC BLVD
HUDSON, FL 34667 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: PCEO
Name: BARB, THOMAS
Address: 12107 MAJESTIC BOULEVARD
City-St-Zip: HUDSON, FL 34667

Title: S/T
Name: GRAVES, ROGER
Address: 3004 BRADFORD CIRCLE
City-St-Zip: PALM HARBOR, FL 34685

Title: VC
Name: VICK, RAY
Address: 1210 S. WATERVIEW DR
City-St-Zip: INVERNESS, FL 34450

Title: C
Name: WOODRUFF, RANDALL
Address: 801 S. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

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: THOMAS D. BARB CEO 03/17/2011
Electronic Signature of Signing Officer or Director Date