2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001672

FILED Jan 23, 2008 Secretary of State

Entity Name: THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC.

Current Principal Place of Business: New Principal Place of Business: 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 US **Current Mailing Address: New Mailing Address:** 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 US FEI Number: 59-3176721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABYAK, MARY 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LABYAK, MARY Name: Name: 5771 ROOSEVELT BLVD Address: Address: City-St-Zip: CLEARWATER, FL 337603413 City-St-Zip: Title: Title: () Delete () Change () Addition NERO, CARRIE Name: Name: Address: 5206 CAESAR WAY S. Address: City-St-Zip: ST. PETERSBURG, FL 33712 City-St-Zip: Title: VD. () Delete Title: () Change () Addition SAMS, ROXANNE Name: Name: 701 6TH STREET S Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: LITTLE, MICHAEL Name: HAYES, BENJAMIN Address: 911 CHESTNUT STREET Address: 1301 34TH STREET N City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: ST. PETERSBURG, FL 33713 Title: () Delete Title: () Change () Addition WARE, PATSY JANE Name: Name: PO BOX 16333 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33733 City-St-Zip: Title: () Delete Title: (X) Change () Addition ETTEN, MARY JEAN ETTEN, MARY JEAN Name: Name: Address: 7024 HIBISCUS AVE SOUTH Address: 7378 GRIFFIN ROAD BROOKSVILLE, FL 34601 ST PETERSBURG, FL City-St-Zip: 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: MARY J LABYAK P 01/23/2008