

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001672

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337603413 US

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337603413 US

New Mailing Address:

FEI Number: 59-3176721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABYAK, MARY
5771 ROOSEVELT BLVD
CLEARWATER, FL 337603413 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: P () Delete
Name: LABYAK, MARY
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: D () Delete
Name: NERO, CARRIE
Address: 5206 CAESAR WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VD () Delete
Name: SAMS, ROXANNE
Address: 701 6TH STREET S
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: TD () Delete
Name: HAYES, BENJAMIN
Address: 1301 34TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: SD () Delete
Name: WARE, PATSY JANE
Address: PO BOX 16333
City-St-Zip: ST. PETERSBURG, FL 33733

Title: CD () Delete
Name: ETEN, MARY JEAN
Address: 7378 GRIFFIN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

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
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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: MARY J LABYAK

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date