2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

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Entity Name: HOSPICE INTEGRATED HEALTH SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

910 RIDGEBROOK ROAD
SPARKS, MD 21152

New Principal Place of Business:

Current Mailing Address:

910 RIDGEBROOK ROAD
SPARKS, MD 21152

New Mailing Address:

FEI Number: 52-1939710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE, FL 32301 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: PICKETT, TAYLOR
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: V ( ) Delete
Name: FULCHINO, MARK L
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: SD ( ) Delete
Name: LEVIN, MARC B
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: T ( ) Delete
Name: STEPHENSON, ROBERT
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: D ( ) Delete
Name: ELKINS, MARSHALL A
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HELLER, JOHN
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: VP (X) Change ( ) Addition
Name: FULCHINO, MARK L
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: S (X) Change ( ) Addition
Name: LORD, RONALD
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: T (X) Change ( ) Addition
Name: BOX, MATTHEW
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

Title: D (X) Change ( ) Addition
Name: BENNETT, BRADLEY
Address: 910 RIDGEBROOK ROAD
City-St-Zip: SPARKS, MD 21152

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK FULCHINO VP 04/23/2002

Electronic Signature of Signing Officer or Director — Date