
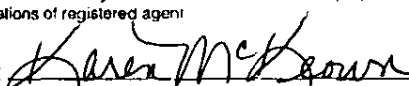
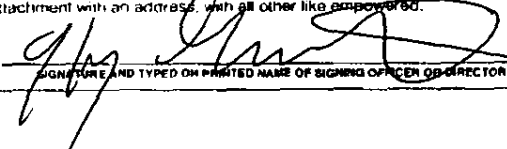


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 DEC 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000734			
1. Entity Name HOSPICE INTEGRATED HEALTH SERVICES OF DISTRICT VII-B, INC.			
Principal Place of Business 910 RIDGEBROOK ROAD SPARKS GLENCOE, MD 21152		Mailing Address 910 RIDGEBROOK ROAD SPARKS GLENCOE, MD 21152	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1963927		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		12132005 REIN-NP CR2E099 (6/04)	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name if typed and agent and fee is applicable</small>		KAREN MCKEOWN, ASST. SECRETARY <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUNSTIEN, HARRY 920 RIDGEBROOK RD. SPARKS, MD 21152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100063213091 01/10/06--01035--003 ***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/14/05 410-773-2010 <small>(Date) (Phone)</small>	

K. Eckel DEC 27 2005