


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 29 AM 11:18

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 930 Ridgebrook Rd Suite, Apt. #, etc.		3. Mailing Address 4111 Metric Dr Ste # Suite, Apt. #, etc.			
City & State Sparks, MD Zip 21152		City & State Winterpark, FL Zip 32792		4. FEI Number 52-1963927	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Theresa Lennon</u> Theresa Lennon, Asst. Secretary 12/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Barbara Hinkley 4111 Metric Dr Ste # Winterpark FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 exemptions contained 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 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: <u>Barbara Hinkley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12-14-06 <small>Date</small>		407-599-5079 <small>Daytime Phone #</small>

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