FILED
May 22, 2008 8:00 am
Secretary of State

04-23-2008 90031 019 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000734

1. Entity Name
HOSPICE INTEGRATED HEALTH SERVICES OF DISTRICT VII-B, INC.

Principal Place of Business	Mailing Address
930 RIDGEBROOK RD SPARKS, MD 21152	4111 METRIC DR STE 4 WINTERPARK, FL 32792

66011437

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1300 N. Semoran Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 210
City & State	City & State Orlando, FL
Zip / Country	Zip 32807 / Country

4. FEI Number 52-1963927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Barbara Hinkley
1300 N. Semoran Blvd Ste 210
Orlando, FL. 32807

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 Barbara Hinkley Administrator [signature] 5/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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 HINKLEY, BARBARA 4111 METRIC DR., STE 4 WINTERPARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrator Barbara Hinkley 1300 N. Semoran Blvd Ste 210 Orlando, FL 32807	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/18/08 407-514-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #