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May 22, 2008 8:00 am
Secretary of State
04-23-2008 90031 019 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N96000000734

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

Principal Place of Business
930 RIDGEBROOK RD
SPARKS, MD 21152

Mailing Address
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 Barbara Hinkley 5/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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

TITLE	PSTD	☐ Delete
NAME	HINKLEY, BARBARA	
STREET ADDRESS	4111 METRIC DR., STE 4	
CITY-ST-ZIP	WINTERPARK, FL 32792	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Administrator	☒ Change ☐ Addition
NAME	Barbara Hinkley	
STREET ADDRESS	1300 N. Semoran Blvd Ste 210	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Barbara Hinkley 4/18/08 407-514-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #