

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90356 029 ****70.00

DOCUMENT # N97000002712

1. Entity Name
HOSPICE HOLDINGS, INC.

Principal Place of Business 12107 MAJESTIC BLVD. HUDSON FL 34667	Mailing Address 12107 MAJESTIC BLVD. HUDSON FL 34667
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3467283	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BLACK, WAYNE	
STREET ADDRESS	2829 KINGSWOOD CIRCLE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRUEBEL, KENNETH	
STREET ADDRESS	7922 ST RD 42	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FULLER, STEPHANIE	
STREET ADDRESS	10531 FARNAM CT	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAWLEY, JAY	
STREET ADDRESS	8105 ROXBORO DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	DED	<input type="checkbox"/> Delete
NAME	TAYLOR, RODNEY S	
STREET ADDRESS	12107 MAJESTIC BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McHugh, Michael	
STREET ADDRESS	5397 Patricia Drive	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleck, Patricia	
STREET ADDRESS	5466 Spring Hill Drive	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 **863-7991**
Date Daytime Phone #

CR2E037 (9/01)