2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002712

1. Entity Name
HOSPICE HOLDINGS, INC.

Principal Place of Business	Mailing Address
12107 MAJESTIC BLVD. HUDSON, FL 34667	12107 MAJESTIC BLVD. HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3467283

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON, FL 34667

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCHUGH, MICHAEL
STREET ADDRESS	5397 PATRICIA DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	D
NAME	GRUEBEL, KENNETH
STREET ADDRESS	7922 ST RD 42
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	FLECK, PATRICIA
STREET ADDRESS	5466 SPRING HILL DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	CAWLEY, JAY
STREET ADDRESS	8105 ROXBORO DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	DED
NAME	TAYLOR, RODNEY S
STREET ADDRESS	12107 MAJESTIC BLVD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/06-80034-020 70.00

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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: Rodney S. Taylor 2/10/06 727-863-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #