

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002712

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: HOSPICE HOLDINGS, INC.

## Current Principal Place of Business:

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

## New Principal Place of Business:

## Current Mailing Address:

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

## New Mailing Address:

FEI Number: 59-3467283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BARB, THOMAS  
12107 MAJESTIC BLVD  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CHURCH, JOHN  
Address: P O BOX 382  
City-St-Zip: BROOKSVILLE, FL 34605

Title: VC ( ) Delete  
Name: MCGAVERN, WILLIAM  
Address: 39127 PRETTY POND ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T ( ) Delete  
Name: PREVATT, CLARENCE  
Address: 5839 MARINER STREET  
City-St-Zip: TAMPA, FL 33609

Title: CEOP ( ) Delete  
Name: BARB, THOMAS  
Address: 12107 MAJESTIC BLVD  
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete  
Name: GRAVES, ROGER  
Address: 3004 BRADFORD CIRCLE  
City-St-Zip: PALM HARBOR, FL 34685

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BARB

PCEO

03/13/2009

Electronic Signature of Signing Officer or Director

Date