

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 15, 2010
Secretary of State

DOCUMENT# N97000002717

Entity Name: HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**New Principal Place of Business:****Current Mailing Address:**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**New Mailing Address:****FEI Number:** 59-3467282**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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: VC
Name: BROCK, THERESA
Address: 9246 BOURBON ST.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S/T
Name: MCHUGH, MICHAEL
Address: 15800 FLIGHT PATH DRIVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: C
Name: PREVATT, CLARENCE
Address: 5839 MARINER STREET
City-St-Zip: TAMPA, FL 33609

Title: PCEO
Name: BARB, THOMAS
Address: 12107 MAJESTIC BLVD
City-St-Zip: HUDSON, FL 34667

Title: D
Name: GERMANN, GEORGE
Address: 5327COMMERCIAL WAY SUITEB 109
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BARB

P/CE

04/15/2010

Electronic Signature of Signing Officer or Director

Date