


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000006846</b> 1. Entity Name <b>END-OF-LIFE CHOICES FLORIDA, INC.</b>	
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Principal Place of Business <b>9005 SCARSDALE CT H W MELBOURNE FL 32904-2012</b>	Mailing Address <b>PO BOX 121093 W MELBOURNE FL 32912-1093</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0799794</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>KLAMM, DONNA M 9005-H SCARSDALE CT MELBOURNE FL 32904-2012</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P. O. Box Number is Not Acceptable) City
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**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 \_\_\_\_\_ 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  
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	P/D <input type="checkbox"/> Delete <b>KLAMM, DONNA P/D 9005-H SCARSDALE CT W MELBOURNE FL 32904-2012</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D <input type="checkbox"/> Delete <b>WESTERFIELD, PORTIA 4115 CREEK WOODS LANE MULBERRY FL 33860</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS/D <input type="checkbox"/> Delete <b>PLAISANT, ANNELIES 3914 NW 37 PLACE GAINESVILLE FL 32606-6145</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS/D <input type="checkbox"/> Delete <b>BILLINGS, NAN 648 WEST LAKE DRIVE SARASOTA FL 34232</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input type="checkbox"/> Delete <b>CONWAY, MARTHA 711 AUTUMN GLEN DRIVE MELBOURNE FL 32940</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>00000290099</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/06/05-80053-006 70.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** MARTHA T. CONWAY, TREASURER *Marttha T Conway* **4-4-05** **321-253-2022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #