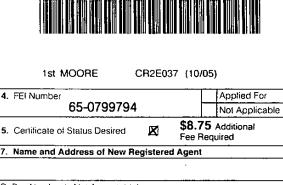
2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # N97000006846 1. Entity Name END-OF-LIFE CHOICES FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 121093 W MELBOURNE FL 32912-1093 9005 SCARSDALE CT W MELBOURNE FL 32904-2012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number Zıp Zip Country Country 6. Name and Address of Current Registered Agent Name KLAMM, DONNA M 9005-H SCARSDALE CT Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32904-2012

FILED Apr 18, 2006 8:00 am Secretary of State

04-18-2006 90068 047 ****70.00



				ı
8.	The above named entity submits this statement for the purpose	e of changing its registered	office or registered agent, or both,	n the State of Florida. I am familiar with, and accept
	the obligations of registered agent.	\circ	C	
		//	10	

9. Election Campaign Financing

FILE NOW: FEE IS \$61.25

\$5 00 May Bo

Make Check Payable to.

Due By May 1, 2006		Trust Fund Contribution.			Added to Fees Florida Department of State				
	OFFICERS AND DIRECTORS				ADDITIONO (O) IANG				
10.									
	P/D	Delete	TITLE	1				☐ Change	☐ Addition
	KLAMM, DONNA P/D		NAME						
	9005-H SCARSDALÉ CT		STREET ADDRESS	· [}
CITY-ST-ZIP .	W MELBOURNE FL 32904-2012		CITY - ST - ZIP						1
TITLE	VP/D .	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	WESTERFIELD, PORTIA		NAME						
STREET ADDRESS	4115 CREEK WOODS LANE		STREET ADDRESS	;					
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP						
TITLE	RS/D	☐ Delete	TITLE	T				☐ Change	Addition
NAME	PLAISANT, ANNÉLIES		NAME						
STREET ADDRESS	3914 NW 37 PLACE		STREET ADDRESS	;					
CITY-ST-7IP	GAINESVILLE FL 32606-6145		CITY-ST-ZIP						
TITLE	CS/D	Delete	TITLE					☐ Change	Addition
NAME	BILLINGS, NAN		NAME						
STREET ADDRESS	648 WEST LAKE DRIVE		STREET ADDRESS	;					
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP						ļ
THTLE	T/Ď	☐ Delete	TITLE					☐ Change	Addition
NAME	CONWAY, MARTHA		NAME						
STREET ADDRESS	711 AUTUMN GLEN DRIVE		STREET ADDRESS	3					
CITY-ST-ZIP	MELBOURNE FL 32940		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	s					į
CITY-ST-ZIP			CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

MARTHA T. CONWAY, TREAS