


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90026 016 ****70.00

DOCUMENT # N97000006846

1. Entity Name
END-OF-LIFE CHOICES FLORIDA, INC.



Principal Place of Business
**9005 SCARSDALE CT
 H
 W MELBOURNE, FL 32904-2012**

Mailing Address
**PO BOX 121093
 W MELBOURNE, FL 32912-1093**

40057735



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0799794

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**KLAMM, DONNA M
 9005-H SCARSDALE CT
 MELBOURNE, FL 32904-2012**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 KLAMM, DONNA P/D 9005-H SCARSDALE CT W MELBOURNE, FL 329042012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WESTERFIELD, PORTIA 4115 CREEK WOODS LANE MULBERRY, FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS/D PLAISANT, ANNELIES 3914 NW 37 PLACE GAINESVILLE, FL 326066145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS/D BILLINGS, NAN <input checked="" type="checkbox"/> Delete 648 WEST LAKE DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CONWAY, MARTHA <input type="checkbox"/> Delete 711 AUTUMN GLEN DRIVE MELBOURNE, FL 32940
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Donna Klam* **DONNA KLAMM, PRES.** 04/09/07 321-722-3148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #