## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077271

Entity Name: HOSPICE MANAGEMENT RESOURCES, INC.

FILED Mar 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2736 SOUTHWEST 129TH AVENUE 3410 NW 91ST WAY MIRAMAR, FL 33027 HOLLYWOOD, FL 33024

Current Mailing Address: New Mailing Address:

2736 SOUTHWEST 129TH AVENUE 3410 NW 91ST WAY MIRAMAR, FL 33027 HOLLYWOOD, FL 33024

FEI Number: 65-1129541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET

4TH FLOOR

MIAMI, FL 33145 US

JOHNSON, BRIAN K

3410 NW 91ST WAY

HOLLYWOOD, FL 33024 US

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: BRIAN JOHNSON 03/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 PD
 ( ) Delete

 Name:
 LOPEZ-JOHNSON, RHODA L

 Address:
 2736 SOUTHWEST 129TH AVENUE

City-St-Zip: MIRAMAR, FL 33027

Title: VST () Delete Name: JOHNSON, BRIAN K

Address: 2736 SOUTHWEST 129TH AVENUE

City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ-JOHNSON, RHODA L
Address: 3410 NW 91ST WAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: VST (X) Change ( ) Addition

 Name:
 JOHNSON, BRIAN K

 Address:
 3410 NW 91ST WAY

 City-St-Zip:
 HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN JOHNSON VP 03/24/2006