

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90084 024 ***150.00

DOCUMENT # P02000054023 1. Entity Name HOSPICE & PALLIATIVE PHYSICIANS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 3497 WHITE ADLER CT. KISSIMMEE, FL 34741			Mailing Address PO BOX 450036 KISSIMMEE, FL 34745		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		05032005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 03-0445292	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent COLLAZO, FELIPE 3497 WHITE ADLER CT. KISSIMMEE, FL 34741		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 reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS COLLAZO-PAGAN, FELIPE 3497 WHITE ADLER CT. KISSIMMEE, FL 34741 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROSARIO, JESSICA 3497 WHITE ADLER CT. KISSIMMEE, FL 34741 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: 			5/5/05 407-928-1880 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					