

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054023

FILED
Jul 25, 2007
Secretary of State

Entity Name: HOSPICE & PALLIATIVE PHYSICIANS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

11527 CANDERA PARK DR
WINDERMERE, FL 34786

New Principal Place of Business:

11527 CAMDEN PARK DR
WINDERMERE, FL 34786

Current Mailing Address:

PO BOX 450036
KISSIMMEE, FL 34745

New Mailing Address:

FEI Number: 03-0445292 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLAZO, FELIPE
3497 WHITE ADLER CT.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

COLLAZO, FELIPE
11527 CAMDEN PARK DR
WINDERMERE, FL 34786 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: _____

Electronic Signature of Registered Agent

07/25/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: COLLAZO-PAGAN, FELIPE
Address: 3497 WHITE ADLER CT.
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: ROSARIO, JESSICA
Address: 3497 WHITE ADLER CT.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: COLLAZO-PAGAN, FELIPE
Address: 11527 CAMDEN PARK DR
City-St-Zip: WINDERMERE, FL 34786

Title: VPD (X) Change () Addition
Name: ROSARIO, JESSICA
Address: 11527 CAMDEN PARK DR
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: JESSICA M. ROSARIO

Electronic Signature of Signing Officer or Director

VPD

07/25/2007

Date