

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 002 ***550.00

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



Principal Place of Business
**11527 CAMDEN PARK DR
WINDERMERE, FL 34786**

Mailing Address
**PO BOX 450036
KISSIMMEE, FL 34745**

40103033



06042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
3003 SILVERWOOD DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State

4. FEI Number
03-0445292

Applied For
Not Applicable

Zip
34741

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLAZO, FELIPE
11527 CAMDEN PARK DR
WINDERMERE, FL 34786**

Name
JESSICA M. ROSARIO

Street Address (P.O. Box Number is Not Acceptable)
3003 SILVERWOOD DR

City **KISSIMMEE** **FL** Zip Code **34341**

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

Jessica M. Rosario

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/5/08

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
COLLAZO-PAGAN, FELIPE
11527 CAMDEN PARK DR
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROSARIO, JESSICA
11527 CAMDEN PARK DR
WINDERMERE, FL 34786** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
COLLAZO-PAGAN, FELIPE
3003 SILVERWOOD DR
KISSIMMEE, FL 34741** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
ROSARIO, JESSICA
3003 SILVERWOOD DR
KISSIMMEE, FL 34741** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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 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 title empowered.

SIGNATURE:

Jessica M. Rosario

JESSICA M ROSARIO

6/5/2008

407-928-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #