## **2011 FOR PROFIT CORPORATION REINSTATEMENT**

## DOCUMENT# P02000054023

FILED Dec 06, 2011 Secretary of State

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

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

3003 SILVERWOOD DR 9459 DOWDEN RD KISSIMMEE, FL 34741 APT 2102

ORLANDO, FL 32832

Current Mailing Address: New Mailing Address:

PO BOX 450036 KISSIMMEE, FL 34745

FEI Number: 03-0445292 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:

ROSARIO, JESSICA M
3008 SILVERWOOD DR
KISSIMMEE, FL 34341 US
APT 2102
ORLANDO, FL 32832 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: JESSICA M ROSARIO 12/06/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPTS

Name: COLLAZO-PAGAN, FELIPE Address: 9459 DOWDEN RD, APT 2102 City-St-Zip: ORLANDO, FL 32832

Title: VPD

Name: ROSARIO, JESSICA Address: 9459 DOWDEN RD City-St-Zip: ORLANDO, FL 32832

I hereby 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 all other like empowered.

SIGNATURE: JESSICA M ROSARIO VPD 12/06/2011