FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90830 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000054023

70053608

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

Principal Place of Business	Mailing Address
~~3837 TOWNSHIP SQUARE~~ BLVD. APT. 312 ~~ORLANDO, FL 32837~~	~~3837 TOWNSHIP SQUARE~~ BLVD. APT. 312 ~~ORLANDO, FL 32837~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3497 WHITE ADLER CT Suite, Apt. #, etc.	3497 WHITE ADLER CT Suite, Apt. #, etc.
City & State: KISSIMMEE FL	City & State: KISSIMMEE FL
Zip: 34741 Country: OSCEOLA	Zip: 34741 Country: OSCEOLA

4. FEI Number: 03-0445292 ☐ Applied For ☐ Not Applicable

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-PAGAN, FELIPE ~~3837 TOWNSHIP SQUARE~~ BLVD. APT. 312 ~~ORLANDO, FL 32837~~	Name: Felipe Collazo-Pagan Street Address (P.O. Box Number is Not Acceptable): 3497 WHITE ADLER CT City: KISSIMMEE FL Zip Code: 34741

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: X _____ DATE: 4/29/03
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLAZO-PAGAN, FELIPE 3837 TOWNSHIP SQUARE BLVD. APT. 312 ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/S Felipe Collazo Pagan 3497 WHITE ADLER CT KISSIMMEE FLORIDA 34741
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: X _____ 4/28/03 407-928-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #