FILED Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90111 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127474

Principal Place of Business 1400 S. GREENWAY DR COUNT (SMES, FL 33134 2. Principal Place of Business 400 S. GREENWAY DR COUNT (SMES, FL 33134 2. Principal Place of Business 400 Country 400 Center Ave. 3. Making Address 400	1. Entity Name HOSPICE		rage, inc.					03-20-2000 90111 001 130.00			
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Bay City		#, etc.		130				03172006 Chg-P CR2E034 (11/05)			
C T CORPORATION SYSTEM CITY STEP 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 1 am termiser with, and accept the originators of registered agent, or both, in the State of Florids, 2 am terminators of registered agent, or both, in the State of Florids, 2 am terminators of registered agent, or both, in the State of Florids, 2 am terminators of registered agent, or both, in the State of Florids, 2 am terminators of registered agent, or both, in the State of Florids, 1 am terminators of registered agent, or both, in the State o	Bay City, MI			Buy City,	Buy City, MI						
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Street Address (P.O. Box Number is Not Acceptable) City	CTCORP	ORATION	SYSTEM			Name					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Seraive. Inject or private have of registered agent and set it applicable. PILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Addition Interest of the private agent will be \$550.00 Add	1200 SOU	TH PINE I	SLAND ROAD		Street Addres		dress ((P.O. Box Number is Not Acceptable)			
SIGNATURE PILE NOWILL FEE IS \$150.00 S. Election Campaign Financing S5.00 May Be Added to Fees					City			FL Zip Code			
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FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing	SIGNATURE										
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