

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127474

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOSPICE ADVANTAGE, INC.

Current Principal Place of Business:

401 CENTER AVE
SUITE 150
BAY CITY, MI 48708

New Principal Place of Business:

5757 NW 151 STREET
MIAMI LAKES, FL 33014

Current Mailing Address:

401 CENTER AVE
SUITE 150
BAY CITY, MI 48708

New Mailing Address:

FEI Number: 20-1591624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HILDEBRANT, RODNEY
Address: 1400 S GREENWAY DR.
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: HILDEBRANT, RODNEY A
Address: 1400 S GREENWAY DR
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: HILDEBRANT, JEFFERY A
Address: 401 CENTER AVE., SUITE 150
City-St-Zip: BAY CITY, MI 48708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFERY HILDEBRANT

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04/29/2009

Electronic Signature of Signing Officer or Director

Date