2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2011
Secretary of State

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Entity Name: COMPASSIONATE CARE HOSPICE OF FLORIDA, INC.

Current Principal Place of Business:

18 AQUAMARINE AVENUE
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

140 LITTLETON ROAD, STE 200
200
PARSIPPANY, NJ 07054 US

New Mailing Address:

200 LANIDEX PLAZA
2101
PARSIPPANY, NJ 07054 US

FEI Number: 27-1062621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREY, JUDITH I
18 AQUAMARINE AVENUE
NAPLES, FL 34114 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: HECHING, MILTON
Address: 600 HIGHLAND DRIVE - SUITE 624
City-St-Zip: WESTAMPTON, NJ 08060

Title: COO
Name: GREY, JUDITH I
Address: 18 AQUAMARINE AVENUE
City-St-Zip: NAPLES, FL 34114

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: JUDITH GREY COO 06/21/2011

Electronic Signature of Signing Officer or Director Date