

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000111083

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**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:**

200 LANIDEX PLAZA  
2101  
PARSIPPANY, NJ 07054 US

**New Mailing Address:**

**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 I. GREY

COO

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date