

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000111083

FILED
Oct 06, 2014
Secretary of State

Entity Name: COMPASSIONATE CARE HOSPICE OF FLORIDA, INC.

Current Principal Place of Business:

1840 WEST 49TH STREET,
SUITE 224
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

600 HIGHLAND DRIVE, SUITE 624
WESTAMPTON, NJ 08060 US

New Mailing Address:

200 LANIDEX PLZ
SUITE 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:

COMPASSIONATE CARE HOSPICE
1840 WEST 49TH STREET
SUITE 224
HIALEAH, FL 33012 US

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: COMPASSIONATE CARE HOSPICE

10/06/2014

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: 200 LANIDEX PLAZA, SUITE 2101
City-St-Zip: PARSIIPPANY, NJ 07054

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

10/06/2014

Electronic Signature of Signing Officer or Director

Date