

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016194

FILED
Apr 10, 2010
Secretary of State

Entity Name: HOSPICE UNIVERSITY, INC.

Current Principal Place of Business:

474 LAKEWOOD DRIVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

474 LAKEWOOD DRIVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 27-1080796 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIPACE, FRANK
474 LAKEWOOD DRIVE
WINTER PARK, FL 32789 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: PRES
Name: DIPACE, FRANK
Address: 474 LAKEWOOD DRIVE
City-St-Zip: WINTER PARK, FL 32789

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: FRANK DIPACE

PRES

04/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date