

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016194

Entity Name: HOSPICE UNIVERSITY, INC.

FILED  
Apr 12, 2012  
Secretary of State

**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: 26-3314127

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

**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

04/12/2012

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

\_\_\_\_\_  
Date