2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# P10000032172

Entity Name: SEASONS HOSPICE & PALLIATIVE CARE OF SOUTHERN FLORIDA, INC.

Current Principal Place of Business:

5200 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

6400 SHAFER CT
STE 700
ROSEMONT, IL 60018

New Mailing Address:

FEI Number: 27-2344658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD
Name: STERN, TODD A
Address: 6400 SHAFER COURT, SUITE 700
City-St-Zip: ROSEMONT, IL 60018

Title: FD
Name: BILL, CARRIE A
Address: 6400 SHAFER CT, STE 700
City-St-Zip: ROSEMONT, IL 60018

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: CARRIE BILL FD 01/10/2011

Electronic Signature of Signing Officer or Director Date