2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000032172

FILED Jan 12, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5200 NE 2ND AVE MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

6400 SHAFER CT STE 700 ROSEMONT, IL 60018

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: STERN, TODD A

Address: 6400 SHAFER COURT, SUITE 700

City-St-Zip: ROSEMONT, IL 60018

Title: SEC

 Name:
 KOPOCHIS, ELIZABETH

 Address:
 6400 SHAFER CT, STE 700

 City-St-Zip:
 ROSEMONT, IL 60018

Title: TREA

 Name:
 DONENBERG, DAVID

 Address:
 6400 SHAFER CT. STE 700

 City-St-Zip:
 ROSEMONT, IL 60018

Title: DIR

Name: BENDER, MARK

Address: 7000 ISLAND BLVD., APT. 2110 City-St-Zip: WILLIAMS ISLAND, FL 33196

Title: DIR

Name: GELLER, STUART B

Address: 7000 ISLAND BLVD. APT. 2110 City-St-Zip: WILLIAMS ISLAND, FL 33196

Title: DIR

Name: GOLDABER, MARILYN Address: 2451 BRICKELL AVENUE City-St-Zip: MIAMI, FL 33137

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: TODD A. STERN PRES 01/12/2012