

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000033327

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** COMPASSIONATE CARE HOSPICE OF LAKE AND SUMTER, INC.

**Current Principal Place of Business:**

2393 E.F. GRIFFIN ROAD  
BARTOW, FL 33830

**New Principal Place of Business:**

214 E. WASHINGTON STREET  
SUITE C  
MINNEOLA, FL 34715

**Current Mailing Address:**

2393 E.F. GRIFFIN ROAD  
BARTOW, FL 33830

**New Mailing Address:**

200 LANIDEX PLAZA  
SUITE 2101  
PARSIPPANY, NJ 07054

**FEI Number:** 45-5280770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, TIM  
2834 REMINGTON GREEN CIRCLE  
STE. 202  
TALLAHASSEE, FL 32308 US

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

COMPASSIONATE CARE HOSPICE  
214 E. WASHINGTON STREET  
SUITE C  
MINNEOLA, FL 34715 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 M  
Address: 600 HIGHLAND DRIVE, SUITE 624  
City-St-Zip: WESTAMPTON, NJ 08060

Title: COO  
Name: GREY, JUDITH I  
Address: 200 LANIDEX PLAZA, STE. 201  
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