

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049226

Entity Name: HOSPICE SYSTEMS, INC.

FILED
Jan 05, 2012
Secretary of State

Current Principal Place of Business:

5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 337603413

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 337603413

New Mailing Address:

FEI Number: 59-3502780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABYAK, MARY J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 337603413 US

Name and Address of New Registered Agent:

LABYAK, MARY J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 337603413 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: MARY J. LABYAK

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LABYAK, MARY J
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: CD
Name: BARMORE, PATRICK
Address: 15 NORTH JUPITER AVENUE
City-St-Zip: CLEARWATER, FL 34756

Title: TD
Name: KISTLER, SCOTT
Address: 13832 PINECREST DR.
City-St-Zip: LARGO, FL 33774

Title: D
Name: BELL, MICHAEL
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: SD
Name: OLDANIE, BETTY
Address: 11692 PARKVIEW LANE
City-St-Zip: SEMINOLE, FL 33772

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: MARY J. LABYAK

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date