

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95459

Entity Name: HOSPICE CARE, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

300 EAST BAY DRIVE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

300 EAST BAY DRIVE
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-3115123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABYAK, MARY
300 EAST BAY DRIVE
LARGO, FL 34640 US

Name and Address of New Registered Agent:

LABYAK, MARY J
300 EAST BAY DRIVE
LARGO, FL 33770 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

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WELCH, CLARENCE
Address: 1640 27TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: P () Delete
Name: LABYAK, MARY,
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL 346403716

Title: D () Delete
Name: HANCOCK, GUY D
Address: 10035 83RD WAY NORTH
City-St-Zip: SEMINOLE, FL 34647

Title: D () Delete
Name: DAVIDSON, THOMAS,
Address: 2623 JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: BARMORE, PATRICK
Address: 15 NO. JUPITER AVE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: ETEN, MARY JEAN,
Address: 7024 HIBISCUS AVE. SO.
City-St-Zip: ST PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WHETSTONE, CHARLES
Address: 2111 DREW STREET
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY J LABYAK

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date