

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S95459

Entity Name: HOSPICE CARE, INC.

FILED  
Jan 25, 2007  
Secretary of State

## Current Principal Place of Business:

5771 ROOSEVELT BLVD.  
CLEARWATER, FL 337603413 US

## New Principal Place of Business:

## Current Mailing Address:

5771 ROOSEVELT BLVD.  
CLEARWATER, FL 337603413 US

## New Mailing Address:

FEI Number: 59-3115123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABYAK, MARY J  
5771 ROOSEVELT BLVD  
CLEARWATER, FL 337603413 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

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: 5771 ROOSEVELT BLVD  
City-St-Zip: CLEARWATER, FL 337603413

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

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

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: 7378 GRIFFIN ROAD  
City-St-Zip: BROOKSVILLE, FL 34601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: WELCH, CLARENCE  
Address: 1640 27TH AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ( ) 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 Chapter 119, 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

01/25/2007

Electronic Signature of Signing Officer or Director

Date