2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

DOCUMENT# S95459

Entity Name: HOSPICE CARE, INC.

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 (X)**

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: CD
Name: GAINES, MICHAEL
Address: 14215 PUFFIN COURT
City-St-Zip: CLEARWATER, FL 33762

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

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

Title: SD
Name: SHIRLEY, PATRICIA
Address: ST. JOSEPHS HOSPITAL
City-St-Zip: TAMPA, FL 33607

Title: D
Name: ETTEN, MARY JEAN
Address: 7378 GRIFFIN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

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 P 01/18/2010

Electronic Signature of Signing Officer or Director — Date