

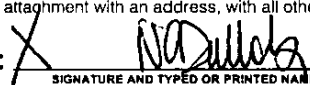


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90021 026 \*\*\*150.00

<b>DOCUMENT # V35972</b> 1. Entity Name <b>HOSPICE, INC.</b>					
Principal Place of Business <b>ATTN: LEGAL DEPARTMENT</b> <b>100 S. BISCAYNE BLVD., SUITE 1500</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>ATTN: LEGAL DEPARTMENT</b> <b>100 S. BISCAYNE BLVD., SUITE 1500</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>255 E 5th Street</b>  Suite, Apt. #, etc. <b>Ste 2600 - B S Gugel</b>			
City & State		City & State <b>Cincinnati, Ohio 45202</b>		4. FEI Number <b>65-0160635</b>	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO O'TOOLE, TIMOTHY S 100 S BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, KEVIN J 255 E. FIFTH CENTER CINCINNATI, OH 452024726 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec & Gen Counsel Naomi C. Dallob 255 E 5th Street, Ste 2600 Cincinnati, Ohio 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, TIMOTHY 177 OCEAN LANE DR KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PETTIT, PEGGY 100 S. BISCAYNE BLVD STE.#1500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & COO Peggy Pettit 100 S Biscayne Blvd, Ste 1500 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAW, DEIRDRE 100 S. BISCAYNE BLVD STE.#1500 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, KEVIN J 949 EDWARDS RD F CINCINNATI, OH 42508 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Kevin J. McNamara 255 E 5th Street, Ste 2600 Cincinnati, Ohio 45202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Naomi C. Dallob-Secretary &amp; General Counsel</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/29/2006</b> Daytime Phone #		

ATTACHMENT 50009457  
HOSPICE, INC. #V35972

OFFICERS

Chief Executive Officer  
President  
Executive VP & Chief Operating Officer  
Executive VP-Development & Public Affairs  
Secretary & General Counsel

Timothy S. O'Toole  
David A. Wester  
Peggy Pettit  
Dierdre Lawe  
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole  
Kevin J. McNamara