

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766348

Entity Name: THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC.**FILED**
Feb 11, 2013
Secretary of State
CC9634266823**Current Principal Place of Business:**5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 33760-3413**Current Mailing Address:**5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 33760-3413 US**FEI Number: 59-2252045****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD.
CLEARWATER, FL 33760-3413 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: RAFAEL J. SCIULLO****02/11/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SCIULLO, RAFAEL J.
Address	5771 ROOSEVELT BLVD. 610
City-State-Zip:	CLEARWATER FL 33760-3413

Title	DIRECTOR
Name	MARGER, BRUCE
Address	5771 ROOSEVELT BLVD. 610
City-State-Zip:	CLEARWATER FL 33760-3413

Title	SD
Name	LO CICERO, JOSEPH
Address	5771 ROOSEVELT BLVD.
City-State-Zip:	CLEARWATER FL 33760

Title	TD
Name	KNOWLES, ELIZABETH
Address	1307 41ST AVENUE N.E.
City-State-Zip:	ST. PETERSBURG FL 33703

Title	C, D
Name	NICKLAUS, DEBORAH
Address	5771 ROOSEVELT BLVD. 610
City-State-Zip:	CLEARWATER FL 33760-3413

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL J. SCIULLO**PRESIDENT & CEO****02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date