

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002352

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC3967813234**

**Entity Name:** HOSPICE OF HILLSBOROUGH, INC.

**Current Principal Place of Business:**

12470 TELECOM DRIVE  
SUITE 300 WEST  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

12470 TELECOM DRIVE  
SUITE 300 WEST  
TEMPLE TERRACE, FL 33637 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FERNANDEZ, KATHY L  
12470 TELCOM DRIVE - SUITE 300 WEST  
TEMPLE TERRACE, FL 33637 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           FERNANDEZ, KATHY L.  
Address        12470 TELECOM DRIVE  
                  SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title           CHIEF LEGAL OFFICER  
Name           WHITE, DARRELL  
Address        12470 TELECOM DRIVE  
                  SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

*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: DARRELL WHITE**

**CHIEF LEGAL OFFICER**

**02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date