2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2014
Secretary of State
CC4049183329

DOCUMENT# N01773

Entity Name: HOSPICE OF FLORIDA KEYS, INC.

Current Principal Place of Business:

1319 WILLIAM STREET
KEY WEST, FL 33040

Current Mailing Address:

1319 WILLIAM STREET
KEY WEST, FL 33040 US

FEI Number: 59-2386289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERJAVEC, STEVEN P
1319 WILLIAM STREET
KEY WEST, FL 33040 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: STEVEN P. ERJAVEC 02/27/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY, DIRECTOR
Name	DOMANSKI, MARGARET D. PHD
Address	1107 KEY PLAZA, #270
City-State-Zip:	KEY WEST FL 33040

Title	CEO
Name	GROSS, JODY
Address	1305 REYNOLDS
City-State-Zip:	KEY WEST FL 33040

Title	VC, DIRECTOR
Name	NILES, JACK D JR.
Address	2432 FLAGLER AVE.
City-State-Zip:	KEY WEST FL 33040

Title	COO
Name	RYZOC, KATHLEEN M
Address	24 BUCCANEER DRIVE
City-State-Zip:	KEY LARGO FL 33037

Title	TREASURER, DIRECTOR
Name	COOLEY, JUDITH A.
Address	254 NAVAJO STREET
City-State-Zip:	TAVERNIER FL 33070

Title	CHAIRMAN, DIRECTOR
Name	GRUSIN, RICHARD C.
Address	2318 STAPLES AVE
City-State-Zip:	KEY WEST FL 33040

Title	CFO
Name	ERJAVEC, STEVEN P
Address	1319 WILLIAM STREET
City-State-Zip:	KEY WEST FL 33040

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: STEVEN P. ERJAVEC CFO 02/27/2014

Electronic Signature of Signing Officer/Director Detail — Date