

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002717

Entity Name: HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**Current Mailing Address:**12107 MAJESTIC BOULEVARD
HUDSON, FL 33667**FEI Number: 59-3467282****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BARB, THOMAS
12107 MAJESTIC BLVD
HUDSON, FL 34667 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	VC
Name	BROCK, THERESA
Address	9246 BOURBON ST.
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	S/T
Name	MCHUGH, MICHAEL
Address	15800 FLIGHT PATH DRIVE
City-State-Zip:	BROOKSVILLE FL 34613

Title	C
Name	PREVATT, CLARENCE
Address	5839 MARINER STREET
City-State-Zip:	TAMPA FL 33609

Title	PCEO
Name	BARB, THOMAS
Address	12107 MAJESTIC BLVD
City-State-Zip:	HUDSON FL 34667

Title	D
Name	GERMANN, GEORGE
Address	5327COMMERCIAL WAY SUITEB 109
City-State-Zip:	SPRING HILL FL 34606

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: THOMAS BARB**PRESIDENT/CEO****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date