2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: TRINITY HOSPICE CARE SERVICES, INC.

Current Principal Place of Business:

6151 MIRAMAR PARKWAY
SUITE 101
MIRAMAR, FL 33023

Current Mailing Address:

6151 MIRAMAR PARKWAY
SUITE 101
MIRAMAR, FL 33023

FEI Number: 58-2474331

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOBGO, CHUCK PA
2800 W OAKLAND PK BLVD
209
OAKLAND, FL 33311 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	PD	Title	STD
Name	SMITH, GABRIEL	Name	CHERIFILUS, EDWIN
Address	18612 SW 41 STREET	Address	18612 SW 41 STREET
City-State-Zip:	MIRAMAR FL 33029	City-State-Zip:	MIRAMAR FL 33029

Title	VD
Name	SMITH, MARIE
Address	18612 SW 41 STREET
City-State-Zip:	MIRAMAR FL 33029

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: GABRIEL SMITH CEO 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date