

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000016194

**Entity Name:** HOSPICE UNIVERSITY, INC.

**Current Principal Place of Business:**

5041 N. 12TH AVENUE  
PENSACOLA, FL 32504

**Current Mailing Address:**

5041 N. 12TH AVENUE  
PENSACOLA, FL 32504 US

**FEI Number:** 26-3314127

**Certificate of Status Desired:** No

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

DIPACE, FRANK  
5041 N.12TH AVENUE  
PENSACOLA, FL 32504 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:** FRANK DIPACE

09/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIPACE, FRANK  
Address        5041 N. 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

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

**SIGNATURE:** FRANK DIPACE

PRESIDENT

09/01/2016

Electronic Signature of Signing Officer/Director Detail

Date