

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000016194

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

**Current Principal Place of Business:**

435 RAEHN STREET  
ORLANDO, FL 32806

**Current Mailing Address:**

435 RAEHN STREET  
ORLANDO, FL 32806 US

**FEI Number:** 26-3314127

**Certificate of Status Desired:** No

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

DIPACE, FRANK  
435 RAEHN STREET  
ORLANDO, FL 32806 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

01/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIPACE, FRANK  
Address         435 RAEHN STREET  
City-State-Zip: ORLANDO FL 32806

*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

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date