

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000016194

Entity Name: HOSPICE UNIVERSITY, INC.

Current Principal Place of Business:

474 LAKEWOOD DRIVE
WINTER PARK, FL 32789

Current Mailing Address:

474 LAKEWOOD DRIVE
WINTER PARK, FL 32789 US

FEI Number: 26-3314127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIPACE, FRANK
474 LAKEWOOD DRIVE
WINTER PARK, FL 32789 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 PRES
Name DIPACE, FRANK
Address 474 LAKEWOOD DRIVE
City-State-Zip: WINTER PARK FL 32789

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

03/29/2015

Electronic Signature of Signing Officer/Director Detail

Date