

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000032172

Entity Name: SEASONS HOSPICE & PALLIATIVE CARE OF SOUTHERN FLORIDA, INC.**Current Principal Place of Business:**5200 NE 2ND AVE
MIAMI, FL 33137**Current Mailing Address:**5200 NE 2ND AVENUE
MIAMI, FL 33137 US**FEI Number:** 27-2344658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO, DIRECTOR
Name STERN, TODD A
Address 6400 SHAFER COURT, SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title CFO
Name DONENBERG, DAVID
Address 6400 SHAFER CT. STE 700
City-State-Zip: ROSEMONT IL 60018

Title EXECUTIVE VICE PRESIDENT
Name BRODARICK, CARL
Address 6400 SHAFER COURT
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name FREIMARK, JEFFREY
Address 5200 NE 2ND AVE
City-State-Zip: MIAMI FL 33137

Title CHIEF COMPLIANCE OFFICER
Name KOPOCHIS, ELIZABETH
Address 6400 SHAFER CT, STE 700
City-State-Zip: ROSEMONT IL 60018

Title COO, PRESIDENT
Name SWITCHULIS, ANNEMARIE
Address 6400 SHAFER COURT
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title EXECUTIVE VICE PRESIDENT,
CLINICAL OPERATIONS
Name SIMPSON, TIMOTHY
Address 6400 SHAFER COURT
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name STERN, ABRAHAM J
Address 191 N WACKER DR
SUITE 1800
City-State-Zip: CHICAGO IL 60606

Continues on page 2

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: TODD A. STERN

CEO

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	GOLDABER, MARILYN
Address	2451 BRICKELL AVENUE
City-State-Zip:	MIAMI FL 33137