

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000016420

Entity Name: CAROL'S HOSPICE CARE INC

Current Principal Place of Business:

1240 NE 211 TERRACE
MIAMI, FL 33179

Current Mailing Address:

1240 NE 211 TERRACE
MIAMI, FL 33179

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, NEVILLE
1240 NE 211 TERRACE
MIAMI, FL 33179 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 P
Name CURTIS, CAROL
Address 1240 NE 211 TERRACE
City-State-Zip: MIAMI FL 33179

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: CAROL CURTIS

LPN

03/04/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date