

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049226

Entity Name: HOSPICE SYSTEMS, INC.**Current Principal Place of Business:**5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 33760-3413**Current Mailing Address:**5771 ROOSEVELT BLVD.
610
CLEARWATER, FL 33760-3413 US**FEI Number:** 59-3502780**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SCIULLO, RAFAEL J
5771 ROOSEVELT BLVD
610
CLEARWATER, FL 33760-3413 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:** RAFAEL J SCIULLO

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name BARMORE, PATRICK (PAT)
Address 5771 ROOSEVELT BLVD.
 610
City-State-Zip: CLEARWATER FL 33760-3413

Title VC, DIRECTOR
Name HANCOCK, GUY
Address 5771 ROOSEVELT BLVD.
 610
City-State-Zip: CLEARWATER FL 33760-3413

Title DIRECTOR, SECRETARY
Name KISTLER, SCOTT
Address 5771 ROOSEVELT BLVD.
 610
City-State-Zip: CLEARWATER FL 33760-3413

Title PRESIDENT
Name SCIULLO, RAFAEL J
Address 5771 ROOSEVELT BLVD.
 610
City-State-Zip: CLEARWATER FL 33760-3413

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: RAFAEL J SCIULLO**CEO/PRESIDENT**

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date