

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35972

Entity Name: HOSPICE, INC.

Current Principal Place of Business:

201 S BISCAYNE BLVD
SUITE 400
MIAMI, FL 33131

Current Mailing Address:

255 E FIFTH ST
SUITE 1050
CINCINNATI, OH 45202 US

FEI Number: 65-0680987

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, PRESIDENT
Name WESTFALL, NICHOLAS
Address 201 S BISCAYNE BLVD
 SUITE 400
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name JUDKINS, BRIAN C.
Address 255 E. FIFTH STREET
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name MCNAMARA, KEVIN J.
Address 255 E. FIFTH STREET
City-State-Zip: CINCINNATI OH 45202

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: NICHOLAS M. WESTFALL

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date