

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V35972

**Entity Name:** HOSPICE, INC.

**Current Principal Place of Business:**

ATTN: LEGAL DEPARTMENT  
100 S. BISCAYNE BLVD., SUITE 1500  
MIAMI, FL 33131

**Current Mailing Address:**

225 E 5TH ST  
STE 1200 - AMY SCHUCK  
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 DCEO  
Name O'TOOLE, TIMOTHY S  
Address 100 S BISCAYNE BLVD., SUITE 1500  
City-State-Zip: MIAMI FL 33131

Title SGC  
Name DALLOB, NAOMI C  
Address 255 E 5TH ST STE 2600  
City-State-Zip: CINCINNATI OH 45202-4726

Title AT  
Name STEPHENS, MARK W  
Address 255 E 5TH ST, SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title D  
Name MCNAMARA, KEVIN J  
Address 255 E 5TH ST STE 2600  
City-State-Zip: CINCINNATI OH 45202

Title PCEO  
Name WESTER, DAVID A  
Address 100 S BISCAYNE BLVD., SUITE 1500  
City-State-Zip: MIAMI FL 33131

*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:** MARK W. STEPHENS

**ASSISTANT TREASURER** 04/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date