

2014 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 2600 - BARBARA S GUGEL
CINCINNATI, OH 45202

FEI Number: 65-0160635

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 SGCD
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 03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date