

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003367

**Entity Name:** HOSPICE PROVIDER GROUP, INC.

**Current Principal Place of Business:**

304 ROANOKE ROAD  
WESTFIELD, NJ 07090

**Current Mailing Address:**

5420 CICERONE STREET  
101  
SARASOTA, FL 34238 US

**FEI Number:** 22-3202580

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SILBER, RONALD  
5420 CICERONE STREET  
101  
SARASOTA, FL 34238 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 CP  
Name SILBER, RONALD  
Address 5420 CICERONE STREET  
101  
City-State-Zip: SARASOTA FL 34238

Title VCST  
Name HERTZ, MICHAEL  
Address 304 ROANOKE ROAD  
City-State-Zip: WESTFIELD NJ 07090

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:** RONALD SILBER

**PRESIDENT**

**01/14/2020**

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

\_\_\_\_\_  
Date