

1.) CORPORATION NAME:

Hospice Preferred Choice, Inc.

DUE DATE: **9/30/2010**

SCC ID NO: **F1442203**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 FIANNA WAY

CITY/ST/ZIP: FT SMITH, AR 72919-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER DIRECTOR

NAME: ANN TRUITT
TITLE: TREASURER
ADDRESS: 1000 FIANNA WAY
CITY/ST/ZIP/CO: FORT SMITH, AR 72919-9008

OFFICER DIRECTOR

NAME: HOLLY A RASMUSSEN-JONES
TITLE: SECRETARY
ADDRESS: 1000 FIANNA WAY
CITY/ST/ZIP/CO: FT SMITH, AR 72919-9008

OFFICER DIRECTOR

NAME: MARGARET M DURKIN
TITLE: PRESIDENT
ADDRESS: 1000 FIANNA WAY
CITY/ST/ZIP/CO: FT SMITH, AR 72919-9008

OFFICER DIRECTOR

NAME: ADAM E WHITEHILL
TITLE: SR VP
ADDRESS: 1000 FIANNA WAY
CITY/ST/ZIP/CO: FORT SMITH, AR 72919-

OFFICER DIRECTOR

NAME: ELIZABETH GRIMA
TITLE: SR VP
ADDRESS: 1000 FINANNA WAY
CITY/ST/ZIP/CO: FORT SMITH, AR 72919-9008

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ HOLLY A RASMUSSEN-JONES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>HOLLY A RASMUSSEN-JONES, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/30/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.