

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739288** (9)  
1. Corporation Name  
**THE HOSPICE OF THE FLORIDA SUNCOAST, INC.**

Principal Place of Business <b>300 EAST BAY DRIVE LARGO FL 34640</b>	Mailing Address <b>300 EAST BAY DRIVE LARGO FL 34640</b>
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3. Date Incorporated or Qualified  
**06/07/1977**

4. FEI Number <b>59-1744006</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>33770</b> Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>33770</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LABYAK, MARY  
300 EAST BAY DR  
LARGO FL 34640**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELOS, GEORGE J.</b>	1.2 NAME	
STREET ADDRESS	<b>380 MAIN ST., SUITE 200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABYAK, MARY</b>	2.2 NAME	
STREET ADDRESS	<b>300 EAST BAY DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIDSON, THOMAS</b>	3.2 NAME	<b>Ridenour, David</b>
STREET ADDRESS	<b>2623 JETTON AVENUE</b>	3.3 STREET ADDRESS	<b>2919 Wycombe Way</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Palm Harbor, FL 34685</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, SEYMOUR, A</b>	4.2 NAME	<b>Guy Hancock, DVM</b>
STREET ADDRESS	<b>153 CENTRAL AVE</b>	4.3 STREET ADDRESS	<b>10035 83rd Way No.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>Seminole, FL 34647</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, SISTER KAREN</b>	5.2 NAME	<b>Patrick Barmore</b>
STREET ADDRESS	<b>631 11TH ST. NO. (ST. ANTHONY'S CONVENT)</b>	5.3 STREET ADDRESS	<b>2913 Weston Terrace</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	<b>Palm Harbor, 34685</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ETTEN, MARY JEAN</b>	6.2 NAME	
STREET ADDRESS	<b>7024 HIBISCUS AVE SO</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/2/98 (813) 586-4432

CF2E037 (10/97)