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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739288

1. Corporation Name

THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

Principal Place of Business

300 EAST BAY DRIVE
LARGO FL 33770
US

Mailing Address

300 EAST BAY DRIVE
LARGO FL 33770
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/07/1977

4. FEI Number

59-1744006

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 Mary J. Labyak, President

[Signature] 3/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME FELOS, GEORGE J.
STREET ADDRESS 380 MAIN ST., SUITE 200
CITY-ST-ZIP DUNEDIN FL

TITLE P ☐ DELETE
NAME LABYAK, MARY
STREET ADDRESS 300 EAST BAY DR
CITY-ST-ZIP LARGO FL

TITLE TD ☒ DELETE
NAME RIDENOUR, DAVID
STREET ADDRESS 2919 WYCOMBE WAY
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VCD ☐ DELETE
NAME GUY HANCOCK, DVM
STREET ADDRESS 10035 83RD WAY N
CITY-ST-ZIP SEMINOLE FL 34647

TITLE SD ☐ DELETE
NAME PATRICK BARMORE
STREET ADDRESS 2913 WESTON TERR
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ DELETE
NAME ETEN, MARY JEAN
STREET ADDRESS 7024 HIBISCUS AVE SO
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Felos, George J.
1.3 STREET ADDRESS 640 Douglas Ave.
1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Lenderman, Martha
3.3 STREET ADDRESS 7268 Moffatt Lane No.
3.4 CITY-ST-ZIP Pinellas Park, FL 33781

4.1 TITLE CD ☒ Change ☐ Addition
4.2 NAME Hancock, Guy, DVM
4.3 STREET ADDRESS 7265 129th St.
4.4 CITY-ST-ZIP Seminole, FL 33776

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Mary J. Labyak, President 3/1/99 727-588-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)