

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739288

FILED
Jan 25, 2005
Secretary of State

Entity Name: THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

Current Principal Place of Business:

300 EAST BAY DRIVE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

300 EAST BAY DRIVE
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-1744006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABYAK, MARY
300 EAST BAY DR
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WELCH, CLARENCE
Address: 1640 27TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: P () Delete
Name: LABYAK, MARY,
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL

Title: CD () Delete
Name: MILETICH, SHARON
Address: 1840 FOREST WOOD DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: TD () Delete
Name: WHETSTONE, CHARLES
Address: 2111 DREW STREET
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: PATRICK BARMORE,
Address: 2913 WESTON TERR
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: ETEN, MARY JEAN,
Address: 7024 HIBISCUS AVE SO
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY J LABYAK

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date