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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759452 (6)

1. Corporation Name
HOSPICE OF NORTHWEST FLORIDA, INC.



Principal Place of Business P.O. BOX 17887 PENSACOLA FL 32522	Mailing Address P.O. BOX 17887 PENSACOLA FL 32522-7887
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3. Date Incorporated or Qualified 08/04/1981	3a. Date of Last Report 07/11/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2208300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNEE, DALE
2001 N PALAFOX ST
SUITE E
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAMES, BARBARA	1.2 NAME	Remke, Andy ✓
STREET ADDRESS	1450 BERRYHILL RD.	1.3 STREET ADDRESS	P.O. Box 17500 n/a
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	Pensacola, Florida 32522
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKINSON, E.P.	2.2 NAME	Shell, Stephen B.
STREET ADDRESS	1960 SEVILLE DR.	2.3 STREET ADDRESS	P.O. Box 1831 n/a
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, Florida 32598
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES	3.2 NAME	Campbell, James
STREET ADDRESS	P.O. BOX 12950 N/A ✓	3.3 STREET ADDRESS	P.O. Box 12950 n/a
CITY-ST-ZIP	PENSACOLA FL 32522	3.4 CITY-ST-ZIP	Pensacola, Florida 32522
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMKE, ANDY	4.2 NAME	Goldenberg, Sam
STREET ADDRESS	P.O. BOX 17500 N/A ✓	4.3 STREET ADDRESS	P.O. Box 12158 n/a
CITY-ST-ZIP	PENSACOLA FL 32522	4.4 CITY-ST-ZIP	Pensacola, Florida 32590
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BETTY	5.2 NAME	Parker, Betty
STREET ADDRESS	PO BOX 97 N/A	5.3 STREET ADDRESS	1896 Broyhill Lane
CITY-ST-ZIP	GONZALES FL 32560	5.4 CITY-ST-ZIP	Pensacola, Florida 32526
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	President/CEO/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Knee, Dale O.
STREET ADDRESS		6.3 STREET ADDRESS	2201 N. Palafox Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pensacola, Florida 32501

14. I do 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 _____ **DALE O. KNEE**

CR2E037 (9/96)

**HOSPICE OF NORTHWEST FLORIDA, INC.
PENSACOLA, FLORIDA
BOARD OF DIRECTORS
1997**

CHAIRMAN: Andy Remke
Baptist Health Care
P.O. Box 17500
Pensacola, Fl 32522-7500
(904) 469-2334 (W) Fax #434-4841
(904) 932-6725 (H)

VICE CHAIRMAN: Stephen B. Shell
P. O. Box 1831
Pensacola, Fl 32598
(904) 434-2411 (W) Fax #435-1074

SECRETARY: James S. Campbell
P.O. Box 12950
Pensacola, Fl 32576
(904) 432-2451 (W) Fax #469-3330
(904) 934-1441 (H)

TREASURER: Sam Goldenberg
AIRAD, Inc.
P.O. Box 12158
Pensacola, Fl 32590
(904) 433-8356 (W) Fax #433-8358

PAST CHAIRMAN: E. P. Nickinson, Jr.
1960 Seville Drive
Pensacola, Fl 32503
(904) 433-8259 (H) Fax #435-9616

PRESIDENT/CEO: Dale O. Knee
Hospice of Northwest Florida, Inc.
220 N. Palafox Street
Pensacola, Fl 32501
(904) 433-2155 (W) Fax #433-7212

BOARD OF DIRECTORS - 1997

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DIRECTORS:

Reverend Frank Beall
Trinity Presbyterian Church
3400 Bayou Boulevard
Pensacola, Fl 32503
(904) 432-3505 (W) Fax #434-1172

Mark S. Boatright, M.D.
West Florida Medical Center Clinic, P.A.
8333 North Davis Highway
Pensacola, Fl 32514
(904) 474-8692 (W) Fax #474-8149

Addition

Gail Boylan
Baptist Hospital
P.O. 17500
Pensacola, Fl 32522-7500
(904) 469-2315 (W) Fax #469-2307

Robert Gordon Fleet
71 First Court
Santa Rosa Beach, Fl 32459
(904) 267-2200 (H)

Raymond Harris
803 S. Boulevard West
Chipley, Fl 32428
(904) 638-4781 (H)

Addition A

Nancy Jenson
Columbia Gulf Coast Medical Center
449 W. 23rd Street
Panama City, Fl 32405
(904) 769-8341 (W) Fax #747-7925
(904) 785-0894 (H)

Addition A

Donna Johnson
Jackson County Convalescent Center
1083 Sanders Avenue
Graceville, Fl 32440
(904) 263-4447 (W) Fax #263-4201

BOARD OF DIRECTORS - 1997

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Betty Parker
1896 Broyhill Lane
Pensacola, Fl 32526
(904) 455-8341 (H)

Addition A

Josh Plummer
Calhoun-Liberty Hospital
424 Burns Avenue
Blountstown, Fl 32324
(904) 674-5411 (W) Fax #674-1649

William D. "Don" Salter
Route 2, Box 269
Pace, Fl 32571
(904) 626-3701 (W) Fax #626-3732
(904) 994-6426 (H)

Addition A

Ray Sansom
Okaloosa Board of County Commissioners
1804 Lewis Turner Blvd.
Suite 100
Ft. Walton Beach, Fl 32547
(904) 651-7105 (W) Fax #651-7142

Addition A

Pat Schlenker
Sacred Heart Hospital
5151 N. 9th Avenue
Pensacola, Fl 32504
(904) 416-7023 (W) Fax #416-6119

Addition A

W. Steve Southerland, Sr.
Southerland Funeral Homes
100 East 19th Street
Panama City, Fl 32405
(904) 785-8532 (W) Fax #763-7561
(904) 271-0080 (H)

Thomas B. Tan, M.D.
Oncology Associates
1717 North E Street
Pensacola, Fl 32501
(904) 444-4785 (W) Fax #478-1808

BOARD OF DIRECTORS - 1997

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Barbara Thames
Santa Rosa Medical Center
1450 Berryhill Road
Milton, Fl 32570
(904) 623-9741 (W) Fax #623-5083

Sharon Walker
Rt. 2 Box 119-B
Graceville, Fl 32440
(904) 263-9821 (H)
(904) 547-1120 (W)

Leslie Yates
Sacred Heart Hospital
5151 N. 9th Avenue
Pensacola, Fl 32504
(904) 474-7000, Ext. 7590 (W)

Additions

Joe Zimmers
358 Arabian Circle
Pensacola, Fl 32506
(904) 455-0229 (H)

EX-OFFICIO:

Paula B. Montgomery, M.D.
Medical Director
4400 Bayou Blvd., Suite 37
Pensacola, Fl 32503
(904) 474-9606 (W)