2000 UNIFORM BUSINESS REPORT (UBR)

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HOSPICE OF NORTHWES	T FLORIDA, INC.					94-17-2000 90	•	
Principal Place of Business Mailing Address								
P.O. BOX 17887 PENSACOLA FL 32522		P.O. BOX 17887 PENSACOLA FL 32522-7887						
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City & State	City &	City & State			4. FEI Number Applied For Not Applied For			Applied For
Zip Countr	y Zip		Country	-	5. Certificate of Sta	tus Desired [\$8.75 Fee.Requ	Additional ured
6. Name and Addre	ess of Current Registered	Agent		<u>~~</u>	7. Name and Addr	ess of New Regis	tered Agent	
			Name					
KNEE, DALE			Street Ac	dress (P	O, Box Number is N	ot Acceptable)		
2001 N PALAFOX ST SUITE E			-					Nedo.
PENSACOLA FL 32501			City				FL Zip?	Code
SIGNATURE Signature, typed or printed near	ne of registered agent and title if applic	able. (NOTE: R	tegistered Agent signatu	ve reduiped	when reinstating)		DATE	
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