

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760881 (3)
1. Corporation Name
HOSPICE OF MARION COUNTY, INC.



Principal Place of Business: 317 N.E. 36TH AVENUE, P.O. BOX 4860, OCALA FL 32678-1860
Mailing Address: 317 N.E. 36TH AVENUE, P.O. BOX 4860, OCALA FL 34478-4860, US

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 03/28/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2214796	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRIVETT ALICE J EXEC DIRECTOR 317 NW 36TH AVE P.O. BOX 4860 OCALA FL 34478		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	D MIZNER, RUTHANNE R BSN 2725 S.E. MARICAMP ROAD OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD RAUM, MARY E MD 2845 S.E. 3RD COURT OCALA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD FORREST, J. JERRY CFP 2945 N.E. 3RD COURT OCALA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JAMES MOYER
STREET ADDRESS		3.3 STREET ADDRESS	217 SE 1ST AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OCALA FL 34471-2199
TITLE	D LILLARD, ROBERT 2930 S.E. 37TH STREET OCALA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CARTWRIGHT, THOMAS M 2725 S.E. MARICAMP ROAD OCALA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: 2/27/96 Daytime Phone #: 674-7158

CR2E037 (12/95)