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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
317 N.E. 36TH AVENUE
P.O. BOX 4860
OCALA FL 32678-1860
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 03/04/1996

2. Principal Place of Business 21 3231 S.W. 34th Avenue
2a. Mailing Address 26 P.O. Box 4860

4. FEI Number 59-2214796
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 24 34474 25 Country 28 Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
PRIVETT ALICE J EXEC DIRECTOR
317 NW 36TH AVE
P.O. BOX 4860
OCALA FL 34478

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name Alice J. Privett, Chief Executive Officer
82 Street Address (P.O. Box Number is Not Acceptable) 3231 S.W. 34th Avenue, P.O. Box 4860
83 Ocala, FL
84 City FL 85 Zip Code 34478

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 not a partner, officer, director, or trustee of the corporation and I accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Alice J. Privett, CEO*
Alice J. Privett, CEO

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE	D	<input checked="" type="checkbox"/> DELETE
1.2 NAME	MIZNER, RUTHANNE R BSN	
1.3 STREET ADDRESS	2725 S.E. MARICAMP ROAD	
1.4 CITY-STATE-ZIP	OCALA FL	
2.1 TITLE	PD	<input type="checkbox"/> DELETE
2.2 NAME	RAUM, MARY E MD	
2.3 STREET ADDRESS	2845 S.E. 3RD COURT	
2.4 CITY-STATE-ZIP	OCALA FL	
3.1 TITLE	TD	<input type="checkbox"/> DELETE
3.2 NAME	MOYER, JAMES	
3.3 STREET ADDRESS	217 SE 1ST AVENUE	
3.4 CITY-STATE-ZIP	OCALA FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> DELETE
4.2 NAME	LILLARD, ROBERT	
4.3 STREET ADDRESS	2930 S.E. 37TH STREET	
4.4 CITY-STATE-ZIP	OCALA FL	
5.1 TITLE	D	<input type="checkbox"/> DELETE
5.2 NAME	CARTWRIGHT, THOMAS M	
5.3 STREET ADDRESS	2725 S.E. MARICAMP ROAD	
5.4 CITY-STATE-ZIP	OCALA FL	
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Robbins	
1.3 STREET ADDRESS	3231 S.W. 34th Ave. P.O. Box 4860	
1.4 CITY-STATE-ZIP	Ocala, FL 34478	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARY E RAUM M.D.	
2.3 STREET ADDRESS	2845 S.E. 3rd Court	
2.4 CITY-STATE-ZIP	OCALA, FL 34471	
3.1 TITLE	President-Elect/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES MOYER	
3.3 STREET ADDRESS	217 S.E. 1st Ave.	
3.4 CITY-STATE-ZIP	OCALA, FL 34471	
4.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carol Evans	
4.3 STREET ADDRESS	2215 Spring Hill Court	
4.4 CITY-STATE-ZIP	Ocala, FL 34471	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anthony F. DeFalco	
6.3 STREET ADDRESS	1 Handicappers Lane	
6.4 CITY-STATE-ZIP	Ocala, FL 34482	

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 contained 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 of this filing. (352) 732-4660

SIGNATURE: *James R. Robbins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James R. Robbins, President

CR2E037 (9/96)