


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3231 SW 34TH AVE P.O. BOX 4860 OCALA FL 34474 US	Mailing Address PO BOX 4860 P.O. BOX 4860 OCALA FL 34478-4860 US
--	--

3. Date Incorporated or Qualified 12/03/1981	
4. FEI Number 59-2214796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

PRIVETT, ALICE J
3231 SW 34TH AVENUE
PO BOX 4860
OCALA FL 34478

10. Name and Address of New Registered Agent

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 *[Signature]* **ALICE J. PRIVETT, CEO** **1/24/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ROBBINS, JAMES	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 3231 SW 34TH	CITY-ST-ZIP OCALA FL	1.2 NAME	
		1.3 STREET ADDRESS	
TITLE D	NAME RAUM, MARY E MD	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2845 S.E. 3RD COURT	CITY-ST-ZIP OCALA FL	2.1 TITLE	
		2.2 NAME	
TITLE PD	NAME MOYER, JAMES	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 217 SE 1ST AVENUE	CITY-ST-ZIP OCALA FL	2.4 CITY-ST-ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME EVANS, CAROL	3.2 NAME	
STREET ADDRESS 2215 SPRING HILL COURT	CITY-ST-ZIP OCALA FL	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME CARTWRIGHT, THOMAS M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2725 S.E. MARICAMP ROAD	CITY-ST-ZIP OCALA FL	4.2 NAME	
		4.3 STREET ADDRESS	
TITLE TD	NAME DEFALCO, ANTHONY F	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1 HANDICAPPER LANE	CITY-ST-ZIP OCALA FL	5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **JAMES MOYER** **1/24/98**

CR2E037 (10/97)