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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90247 034 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 760881**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/03/1981

4. FEI Number

59-2214796

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

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  
 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **ROBBINS, JAMES**  
 STREET ADDRESS **PO BOX 3231 SW 34TH**  
 CITY-ST-ZIP **OCALA FL**

TITLE **TD**  DELETE  
 NAME **RAUM, MARY E MD**  
 STREET ADDRESS **2845 S.E. 3RD COURT**  
 CITY-ST-ZIP **OCALA FL**

TITLE **PD**  DELETE  
 NAME **MOYER, JAMES**  
 STREET ADDRESS **217 SE 1ST AVENUE**  
 CITY-ST-ZIP **OCALA FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE **D**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **D**  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE **P/D**  Change  Addition  
 4.2 NAME **Suzanne Garrett**  
 4.3 STREET ADDRESS **9583 S.W. 74th Avenue**  
 4.4 CITY-ST-ZIP **Ocala, FL 34474**

5.1 TITLE **T/D**  Change  Addition  
 5.2 NAME **Ann Allen**  
 5.3 STREET ADDRESS **1716 S.E. 27th Loop**  
 5.4 CITY-ST-ZIP **Ocala, FL 34471**

6.1 TITLE **S/D**  Change  Addition  
 6.2 NAME **Maria Csepány**  
 6.3 STREET ADDRESS **507 N.E. 21st Avenue**  
 6.4 CITY-ST-ZIP **Ocala, FL 34470**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

352 873-7434

Date

Daytime Phone #

CR2E037 (11/98)