

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

01-29-2000 90093 044 ****61.25

DOCUMENT # 760881

1. Entity Name

HOSPICE OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

3231 SW 34TH AVE
 P.O. BOX 4860
 OCALA FL 34474
 US

PO BOX 4860
 P.O. BOX 4860
 OCALA FL 34478-4860
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2214796

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RAUM, MARY E MD	2845 S.E. 3RD COURT	OCALA FL	<input checked="" type="checkbox"/>
Director	MOYER, JAMES	217 SE 1ST AVENUE	OCALA FL	<input type="checkbox"/>
Director	GARRETT, SUZANNA	9583 SW 74TH AVE	OCALA FL 34474	<input type="checkbox"/>
Director	ALLEN, ANN	1716 SE 27TH LOOP	OCALA FL 34471	<input type="checkbox"/>
Director	CSEPANY, MARIA	507 NE 2154 AVE	OCALA FL 34470	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	PUTZENS, ROBERTO	3530 SW 24th Ave, Road	Ocala, FL 34474	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	HILL, MICHAEL	6700 SW 12th Court	Ocala, FL 34476	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	KNOBLOCK, SUZANNE	2233 SE 5th Street	Ocala, FL 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President-Elect	MANGAN, PATRICK	725 NE 25th Avenue	Ocala, FL 34470	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice J. Privett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 352-873-7400

Date Day/Time Phone #

CR2E037 (9/98)