

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90034 014 \*\*\*\*61.25

**DOCUMENT # 760881**  
 1. Entity Name  
**HOSPICE OF MARION COUNTY, INC.**

Principal Place of Business      Mailing Address  
 3231 SW 34TH AVE      PO BOX 4860  
 P.O. BOX 4860      P.O. BOX 4860  
 Ocala FL 34474      Ocala FL 34478-4860  
 US      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  
**PRIVETT, ALICE J**  
**3231 SW 34TH AVENUE**  
**PO BOX 4860**  
**OCALA FL 34478**

7. Name and Address of New Registered Agent  
 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 Alice J. Privett, CEO  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PE- MANRAN, PATRICK 725 NE 25TH AVE OCALA FL 34470</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D MOYER, JAMES 217 SE 1ST AVENUE OCALA FL</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P PUTZEYS, ROBERTO 3530 SW 24TH AVE ROAD OCALA FL 34474</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD HILL, MICHAEL 6700 SW 12TH CT OCALA FL 34471</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOBLOCK, SUZANNE 2233 SE 5TH ST OCALA FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patrick Mangan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Victoria Nelson, RN, BS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria Csepány <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ann Allen, RN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, CEO      February 15, 2001      352-873-7434  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)