

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90010 005 ****61.25

DOCUMENT # 760881
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

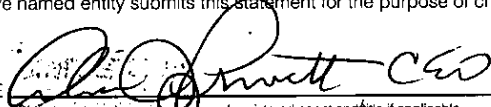
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2214796	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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** (NOTE: Registered Agent signature required when reinstating)
 DATE **Feb 9, 2002**

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 PD	<input type="checkbox"/> Delete
NAME MANGAN, PATRICK	
STREET ADDRESS 725 NE 25TH AVE	
CITY-ST-ZIP OCALA FL 34470	
TITLE PED	<input type="checkbox"/> Delete
NAME NELSON, VICTORIA	
STREET ADDRESS P O BOX 6000	
CITY-ST-ZIP OCALA FL 34478	
TITLE TD	<input type="checkbox"/> Delete
NAME CSEpany, MARIA	
STREET ADDRESS 507 NE 21ST AVENUE	
CITY-ST-ZIP OCALA FL 34470	
TITLE SD	<input type="checkbox"/> Delete
NAME ALLEN, ANN	
STREET ADDRESS 1716 SE 27TH LOOP	
CITY-ST-ZIP OCALA FL 34471	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME KNOBLOCK, SUZANNE	
STREET ADDRESS 2233 SE 5TH ST	
CITY-ST-ZIP OCALA FL 34471	
TITLE CEO	<input type="checkbox"/> Delete
NAME PRIVETT, ALICE J	
STREET ADDRESS P O BOX 4860	
CITY-ST-ZIP OCALA FL 34470	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Past-President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE President-Elect Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME William Trice	
STREET ADDRESS 40 S. E. 11th Avenue	
CITY-ST-ZIP Ocala, FL 34471	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Date **1/7/02** Daytime Phone # **(352) 873-7434**

CR2E037 (9/01)