

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90022 029 ****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

24049122



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

04012004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2214796

Applied For
 Not Applicable

5. Certificate of Status Desired \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE NAME | P MEYER, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 567 NE 45TH TERR. | |
| CITY-ST-ZIP | OCALA, FL 34470 | |
| TITLE NAME | S BARRETT-WHALEY, JEAN | <input type="checkbox"/> Delete |
| STREET ADDRESS | PO BOX 2200 | |
| CITY-ST-ZIP | OCALA, FL 34478 | |
| TITLE NAME | PEP CSEpany, MARIA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 507 NE 21ST AVENUE | |
| CITY-ST-ZIP | OCALA, FL 34470 | |
| TITLE NAME | D CARTWRIGHT, THOMAS | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 433 SW 10CT. ST. | |
| CITY-ST-ZIP | OCALA, FL 34470 | |
| TITLE NAME | D WILLIAM, TRICE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 40 S E 11 AVENUE | |
| CITY-ST-ZIP | OCALA, FL 34471 | |
| TITLE NAME | CEO PRIVETT, ALICE J | <input type="checkbox"/> Delete |
| STREET ADDRESS | P O BOX 4860 | |
| CITY-ST-ZIP | OCALA, FL 34470 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| TITLE NAME | Moyer, James | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3051 S.W. 41st Place | |
| CITY-ST-ZIP | OCALA, FL 34470 | |
| TITLE NAME | Treasurer Reger, John | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1700 SE 17th St | |
| CITY-ST-ZIP | OCALA, FL 34471 | |
| TITLE NAME | Director / Chair - Elect Garrett, Suzanne | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 9583 SW 74th Ave | |
| CITY-ST-ZIP | OCALA, FL 34474 | |
| TITLE NAME | Trice, William (President) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 40 S.E. 11th Avenue | |
| CITY-ST-ZIP | OCALA, FL 34471 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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 another like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04
 Date
 352-473-7400
 Daytime Phone #