




**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -3 PM 2:33

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		<p>66430188</p>  <p>04012004 Chg-NP CR2E037 (10/03)</p>	
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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYER, JAMES 567 NE 45TH TERR. OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moyer, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3051 S.W. 41st Place OCALA, FL 34470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT-WHALEY, JEAN PO BOX 2200 OCALA, FL 34478 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500039953425 08/06/04--01065--010, **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEO CSEPARTY, MARIA 507 NE 21ST AVENUE OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Reger, John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1700 SE 17th St OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT, THOMAS 433 SW 10CT. ST. OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Chair - Elect Garrett, Suzanne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9583 SW 74th Ave OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, TRICE 40 S E 11 AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trice, William (President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 S.E. 11th Avenue OCALA, FL 34471		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PRIVETT, ALICE J P O BOX 4860 OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO William Kauffman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 4860. OCALA, FL, 34478		
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 or other like empowered.					
SIGNATURE: 		7/12/04		30-473-7400	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Debitum Phone #	

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