


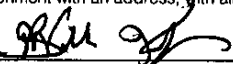
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90221 025 \*\*\*\*61.25

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<b>DOCUMENT # 760881</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYER, JAMES		NAME	Daley, Ken	
STREET ADDRESS	3051 SW 41ST PLACE		STREET ADDRESS	5574 S.W. 30th Ave	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, WILLIAM		NAME		
STREET ADDRESS	PO BOX 4860		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Chairman - Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGER, JOHN		NAME		
STREET ADDRESS	1700 SE 17TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	D1CE	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, SUZANNE		NAME		
STREET ADDRESS	9583 SW 74TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, TRICE		NAME		
STREET ADDRESS	40 SE 11TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, ALICE J		NAME		
STREET ADDRESS	P O BOX 4860		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34470		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 all other like empowered.					
SIGNATURE: 				4/27/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	