


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 047 ****70.00

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			
2. Principal Place of Business - No P.O. Box # <i>3231 SW 34th Ave.</i>		3. Mailing Address <i>P.O. Box 4860</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Ocala, FL</i>		City & State <i>Ocala, FL</i>		4. FEI Number 59-2214796	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>34474</i>	Country <i>USA</i>	Zip <i>34478-4860</i>	Country <i>USA</i>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALEY, KEN		NAME	<i>William Trice</i>	
STREET ADDRESS	825 SE 69TH PLACE		STREET ADDRESS	<i>1900 SE 18th Avenue</i>	
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP	<i>Ocala, FL 34471</i>	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input 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	C	<input type="checkbox"/> Delete	TITLE	<i>PL</i>	<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	PC	<input checked="" type="checkbox"/> Delete	TITLE	<i>CE</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRETT, SUZANNE		NAME	<i>M. Theresa Baker</i>	
STREET ADDRESS	9583 SW 74TH AVE		STREET ADDRESS	<i>628 SE 17th Street</i>	
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	<i>Ocala, FL 34471</i>	
TITLE	CE	<input type="checkbox"/> Delete	TITLE	<i>Rawn, Mary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWN, MARY		NAME		
STREET ADDRESS	2845 SE 3RD CT		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input 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 exemptions contained in Chapter 119, 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: <i>Alice J. Privett</i>		Alice J. Privett		4/11/07 (352) 873-7134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	