

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760881

FILED
Mar 20, 2009
Secretary of State

Entity Name: HOSPICE OF MARION COUNTY, INC.

Current Principal Place of Business:

3231 SW 34TH AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4860
OCALA, FL 344784860 US

New Mailing Address:

FEI Number: 59-2214796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRIVETT, ALICE J
3231 SW 34TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

RETH, THERESA A
19115 NW 100TH AVE/RD
MICANOPY, FL 32667 US

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: THERESA A. RETH

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TRICE, WILLIAM
Address: 1900 SE 18TH AVE
City-St-Zip: Ocala, FL 34471

Title: CFO () Delete
Name: KNOX, MICHAEL A
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: CE () Delete
Name: MOYER, JAMES
Address: 3051 SW 41ST PLACE
City-St-Zip: Ocala, FL 34474

Title: C () Delete
Name: BAKER, M. THERESA
Address: 628 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

Title: PC () Delete
Name: RAUM, MARY
Address: 2845 SE 3RD CT
City-St-Zip: Ocala, FL 34471

Title: PCEO () Delete
Name: PRIVETT, ALICE J
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DALEY, KENNETH W
Address: 825 SE 69TH PLACE
City-St-Zip: Ocala, FL 34480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: MOYER, JAMES
Address: 3051 SW 41ST PLACE
City-St-Zip: Ocala, FL 34474

Title: PC (X) Change () Addition
Name: BAKER, M. THERESA
Address: 628 SE 17TH STREET
City-St-Zip: Ocala, FL 34471

Title: CE (X) Change () Addition
Name: MANGAN, PATRICK J
Address: 725 NE 25TH AVENUE
City-St-Zip: Ocala, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE J. PRIVETT

PCEO

03/20/2009

Electronic Signature of Signing Officer or Director

Date