

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 18, 2009
Secretary of State**

DOCUMENT# 760881

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 ()

Name and Address of Current Registered Agent:RETH, THERESA A
19115 NW 100TH AVE/RD
MICANOPY, FL 32667 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: T () Delete
Name: DALEY, KENNETH W
Address: 825 SE 69TH PLACE
City-St-Zip: Ocala, FL 34480Title: CFO () Delete
Name: KNOX, MICHAEL A
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474Title: C () Delete
Name: MOYER, JAMES
Address: 3051 SW 41ST PLACE
City-St-Zip: Ocala, FL 34474Title: PC () Delete
Name: BAKER, M. THERESA
Address: 628 SE 17TH STREET
City-St-Zip: Ocala, FL 34471Title: CE () Delete
Name: MANGAN, PATRICK J
Address: 725 NE 25TH AVENUE
City-St-Zip: Ocala, FL 34470Title: PCEO () Delete
Name: PRIVETT, ALICE J
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: CEO (X) Change () Addition
Name: POE, MARY E
Address: 3231 SW 34TH AVENUE
City-St-Zip: Ocala, FL 34474

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: MARY ELLEN POE

CEO

05/18/2009

Electronic Signature of Signing Officer or Director_____
Date