

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760881

FILED
Jan 27, 2010
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 ()

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:

POE, MARY E
3231 SW 34TH AVENUE
OCALA, FL 34474 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: MARY ELLEN POE

01/27/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: BONFIELD, NAN P
Address: 12830 SW 16TH AVENUE
City-St-Zip: OCALA, FL 34473

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

Title: PC
Name: MOYER, JAMES
Address: 3051 SW 41ST PLACE
City-St-Zip: OCALA, FL 34474

Title: CE
Name: NELSON, VICTORIA L
Address: 244 NE 43RD AVENUE
City-St-Zip: OCALA, FL 34470

Title: C
Name: MANGAN, PATRICK J
Address: 725 NE 25TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: CEO
Name: POE, MARY E
Address: 3231 SW 34TH AVENUE
City-St-Zip: OCALA, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: MARY ELLEN POE

CEO

01/27/2010

Electronic Signature of Signing Officer or Director

Date