FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:36

DOCUMENT # 762720 (1)

1. Corporation Name
HOSPICE OF NAPLES, INC.

Principal Place of Business	Mailing Address
1095 WHIPPOORWILL LN. NAPLES FL 33999	1095 WHIPPOORWILL LN. NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1982
3a. Date of Last Report: 08/18/1994
4. FEI Number: 59-2201250 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COX, DIANE S
1095 WHIPPOORWILL LN.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, F. DANIEL	1.2 NAME		
STREET ADDRESS	42 GOLF COTTAGE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLE FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEMONG, DOUGLAS L.	2.2 NAME		
STREET ADDRESS	197 EDGEMERE WAY SOUTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	HIGHMARK, DAVID	3.2 NAME	David N. Morrison	
STREET ADDRESS	4001 TAMIAMI TRAIL, NORTH	3.3 STREET ADDRESS	915 Sixth Avenue South	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	SD	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BUYSSE, LIANA	4.2 NAME	Wesaline Plummer	
STREET ADDRESS	989 AQUA CIR.	4.3 STREET ADDRESS	1001 North 15th Street	
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	Immokalee, FL 33934	
TITLE	ED	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, DIANE S	5.2 NAME		
STREET ADDRESS	1095 WHIPPOORWILL LN.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MASE, RUSSELL, E., DR	6.2 NAME		
STREET ADDRESS	250 SIXTH ST SOUTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane S. Cox Diane S. Cox 1/13/95 (813)261-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003104