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# FILED
# Jan 30 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **762720** **(1)**

1. Corporation Name

**HOSPICE OF NAPLES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1095 WHIPPOORWILL LN.<br>NAPLES FL 33999 | 1095 WHIPPOORWILL LN.<br>NAPLES FL 34105-3847 |

3. Date Incorporated or Qualified: 04/05/1982
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip 24: 34105 — Country 25 / Zip 29 — Country 30

4. FEI Number: 59-2201250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Elect on Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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: 34105

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☐ DELETE | 1.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | ROBERT CARSELLO | | 1.2 NAME | | |
| STREET ADDRESS | 2806 S. HORSESHOE DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 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 | P | ☐ DELETE | 3.1 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | MORRISON, DAVID N. | | 3.2 NAME | | |
| STREET ADDRESS | 975 SIXTH AVE. SOUTH | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☒ DELETE | 4.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | PLUMMER, WESALINE | | 4.2 NAME | PHELPS, LOIS | |
| STREET ADDRESS | 1001 NORTH 15TH STREET | | 4.3 STREET ADDRESS | 7557 CORDOBA | |
| CITY-ST-ZIP | IMMOKALEE FL | | 4.4 CITY-ST-ZIP | NAPLES, FL 34109 | |
| TITLE | ED | ☐ DELETE | 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 | 34105 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | MASE, RUSSELL, E., DR | | 6.2 NAME | CHEFFY, EDWARD | |
| STREET ADDRESS | 250 SIXTH ST SOUTH | | 6.3 STREET ADDRESS | 821 Fifth Ave S, Ste 201 | |
| CITY-ST-ZIP | NAPLES, FL 00000 | | 6.4 CITY-ST-ZIP | NAPLES, FL 34102 | |

14. I do hereby certify that the information supplied with this filing 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: [signature] DIANE S COX 1/30/97 941-262-4404

CR2E037 (9/96)