2-17-98 B-2178 C

FILE NOW: FILING FEE IS $61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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. NAPLES FL 34105 US	1095 WHIPPOORWILL LN. NAPLES FL 33999

3. Date Incorporated or Qualified: 04/05/1982

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

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COX, DIANE S
1095 WHIPPOORWILL LN.
NAPLES FL 34105

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ROBERT CARSELLO		1.2 NAME		
STREET ADDRESS	2606 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	D	☒ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	MORRISON, DAVID N.		3.2 NAME	MORRIS, ROBERT W.	
STREET ADDRESS	975 SIXTH AVE. SOUTH		3.3 STREET ADDRESS	3815 FORT CHARLES DR.	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHELPS, LOIS		4.2 NAME		
STREET ADDRESS	7557 CORDOBA		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
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		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHEFFY, EDWARD		6.2 NAME		
STREET ADDRESS	821 5TH AVE S, STE 201		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

14. I 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: Diane S Cox DIANE S. COX 1/5/98 941-261-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)