2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90157 038 ****61.25

DOCUMENT # 762720

1. Entity Name
HOSPICE OF NAPLES, INC.

Principal Place of Business	Mailing Address
1095 WHIPPOORWILL LN. NAPLES, FL 34105 US	1095 WHIPPOORWILL LN. NAPLES, FL 34105 US

03232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

~~COX, DIANE~~ S
1095 WHIPPOORWILL LN.
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name Karen A. Rollins
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Rollins 4-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNKERS, MILLARD J JR. 351 EMERALD BAY CIRCLE, R-5 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEMONG, DOUGLAS L 1080 GOODLETTE RD. NO. NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, ROBERT W. 3815 FORT CHARLES DRIVE NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOLLMAN, EDWARD E 5129 CASTELL DR., STE. 1 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO COX, DIANE S 1095 WHIPPOORWILL LN. NAPLES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO Karen Rollins 1095 Whippoorwill Lane Naples FL 34105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WALTERS, GEORGE M JR N TRUST BNK, 4001 TAMIAMI TRL N NAPLES, FL 34103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C John Leach 3150 Dahlia Way Naples FL 34105	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Rollins 4-21-05 430 3479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #