

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763575 (8)
 1. Corporation Name
HERNANDO-PASCO HOSPICE, INC.

Principal Place of Business 12107 MAJESTIC BLVD. HUDSON FL 34667	Mailing Address 12107 MAJESTIC BLVD. HUDSON FL 34667
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 FEB -6 PM 12:12

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1982	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2217929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAYLOR, RODNEY S.
12107 MAJESTIC BLVD.
HUDSON FL 34667**

10. Name and Address of New Registered Agent

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

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 (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	ED
NAME	TAYLOR, RODNEY S.
STREET ADDRESS	12107 MAJESTIC BLVD.
CITY-ST-ZIP	HUDSON FL
TITLE	SD
NAME	ERCEG, LORRAINE
STREET ADDRESS	7344 ROYAL OAK DR
CITY-ST-ZIP	SPRING HILL FL
TITLE	VD
NAME	JOHANSEN, PAUL
STREET ADDRESS	5326 CHARLES STREET
CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	TD
NAME	CAWLEY, JAY
STREET ADDRESS	8105 ROXBORO DRIVE
CITY-ST-ZIP	HUDSON FL
TITLE	PD
NAME	BROWN, JANET
STREET ADDRESS	7027 SR 52 #326
CITY-ST-ZIP	BAYONET POINT FL
TITLE	D
NAME	ALFANO, DR GUY S.
STREET ADDRESS	12619 CLOCKTOWER PKWY.
CITY-ST-ZIP	BAYONET POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	Stepheria Fuller
2.4 CITY-ST-ZIP	10531 Farnam Court Port Richey, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Johansen, Paul
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	Nill, Carl
5.4 CITY-ST-ZIP	10815 Los Santos Dr Port Richey, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 executor 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D
Janet Brown
Baypoint Village
7927 SR 52 Apt 326
Bayonet Point, FL 34667

D
Judy Case
12029 Majestic Blvd. Suite 5A
Hudson, FL 34667

D
Walter Dry
3418 Knotty Oak Circle
Forest Oak
Spring Hill, FL 34606

D
Lorraine Erceg
7344 Royal Oak Drive
Spring Hill, FL 34607

D
Patricia Fleck
5466 Spring Hill Drive
Spring Hill, FL 34606

D
Louise Freese
8048 River Country Drive
River Country Estates
Weeki Wachee, FL 34607

D
Atty. George Germann
5151 Commercial Way
Spring Hill, FL 34606

D
Deborah Kilgore
7544 Heather Walk Dr.
Brooksville, FL 34613

D
Rev. Jack Kline
St. Elizabeth's Episcopal Church
5855 16th Street
Zephyrhills, FL 33540

D
Jean Looney
7425 Candlelight Court
New Port Richey, FL 34652

2
D
Andrew Padova III
12108 Cortez Blvd.
Brooksville, FL 34613

D
Bob Upton
Barnett Bank of Pasco County
10220 US 19 4th Floor
Port Richey, FL 34668

D
Donald VanSlavich
7021 Ingleside Drive W
Port Richey, FL 34668

D
Roger Michels
Michels & Lundquist Funeral
5130 SR 54
New Port Richey, FL 34652

D
Nancy Nail
5424 Berkley Road
New Port Richey, FL 34652