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Jan 16 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 # 763575 (8)

1. Corporation Name
HERNANDO-PASCO HOSPICE, INC.



Principal Place of Business Mailing Address
12107 MAJESTIC BLVD. HUDSON FL 34667
12107 MAJESTIC BLVD. HUDSON FL 34667-2455

3. Date Incorporated or Qualified 06/04/1982
3a. Date of Last Report 02/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30
4. FEI Number 59-2217929 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
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	ED	1.1 TITLE	VPD
NAME	TAYLOR, RODNEY S.	1.2 NAME	UPTON, ROBERT
STREET ADDRESS	12107 MAJESTIC BLVD.	1.3 STREET ADDRESS	5123 HUSSEL SHELL DR.
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	SD	2.1 TITLE	
NAME	FULLER, STEPHENIA	2.2 NAME	
STREET ADDRESS	10531 FARNAM COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CAWLEY, JAY	3.2 NAME	
STREET ADDRESS	8105 ROXBORO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	NILL, CARL	4.2 NAME	
STREET ADDRESS	10815 LOS SANTOS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ALFANO, DR GUY S.	5.2 NAME	
STREET ADDRESS	12619 CLOCKTOWER PKWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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] RODNEY S. TAYLOR 1/8/97 813-863-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066216

CR2E037 (9/96)