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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified 06/04/1982		
4. FEI Number 59-2217929	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	UPTON, ROBERT	
STREET ADDRESS	5123 MUSSEL SHELL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FULLER, STEPHENIA	
STREET ADDRESS	10531 FARNAM COURT	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAWLEY, JAY	
STREET ADDRESS	8105 ROXBORO DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NILL, CARL	
STREET ADDRESS	10815 LOS SANTOS DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFANO, DR GUY S.	
STREET ADDRESS	12819 CLOCKTOWER PKWY.	
CITY-ST-ZIP	BAYONET POINT FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	TAYLOR, RODNEY	
STREET ADDRESS	12107 MAJESTIC BLVD	
CITY-ST-ZIP	HUDSON FL 34667	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Rodney S. Taylor* Rodney S. TAYLOR 2/10/98 813-863-7971

CR2E037 (10/97)

HERNANDO PASCO HOSPICE, INC.
BOARD OF DIRECTORS

1997-1998

D

Ginny Brown-Waite
Hernando Government Complex
20 North Main Street Room 200
Brooksville, FL 34601

D

John Church
6024 Valley Spring Drive
Brooksville, FL 34601

D

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

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

Rev Kenneth Gruebel
St. Mark's Presbyterian Church
7922 State Road 52
Hudson, FL 34667

D

Deborah Kilgore
7544 Heather Walk Dr.
Brooksville, FL 34613

D

Jean Looney
7425 Candlelight Court
New Port Richey, FL 34652

D

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

D

Milded Mueller
6532 Thicket Trail
New Port Richey, FL 34653

D

Nancy Nail
5424 Berkley Road
New Port Richey, FL 34652

D

David Syraski
95225 Via Segovia
New Port Richey, FL 34655

D

Gene Whitfield
Whitfield Funeral Home
5008 Gall Blvd
Zephyrhills, FL 33541