

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0060323

DOCUMENT # 763575

1. Entity Name

HERNANDO-PASCO HOSPICE, INC.

03-05-2001 90078 045 *****70.00

Principal Place of Business

**12107 MAJESTIC BLVD.
 HUDSON FL 34667**

Mailing Address

**12107 MAJESTIC BLVD.
 HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** Delete
 NAME **STAHL, JOHN**
 STREET ADDRESS **6357 PINE MEADOWS DR**
 CITY-ST-ZIP **SPRINGHILL FL 34606**

TITLE **SD** Delete
 NAME **FULLER, STEPHENIA**
 STREET ADDRESS **10531 FARNAM COURT**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **TD** Delete
 NAME **CAWLEY, JAY**
 STREET ADDRESS **8105 ROXBORO DRIVE**
 CITY-ST-ZIP **HUDSON FL**

TITLE **P** Delete
 NAME **NILL, CARL**
 STREET ADDRESS **10815 LOS SANTOS DR.**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **ED** Delete
 NAME **TAYLOR, RODNEY**
 STREET ADDRESS **12107 MAJESTIC BLVD**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Change Addition
 NAME **Black, Wayne**
 STREET ADDRESS **2829 Kingswood Circle**
 CITY-ST-ZIP **Brocksville, FL 34609**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **P** Change Addition
 NAME **Gruebel, Kenneth**
 STREET ADDRESS **6000 Fall River Drive**
 CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01

CR2E037 (10/00)