

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90356 027 \*\*\*\*70.00

**DOCUMENT # 763575**

1. Entity Name

**HERNANDO-PASCO HOSPICE, INC.**

Principal Place of Business

Mailing Address

12107 MAJESTIC BLVD.  
 HUDSON FL 34667

12107 MAJESTIC BLVD.  
 HUDSON FL 34667

80074324



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, WAYNE	
STREET ADDRESS	2829 KINGSWOOD CIRCLE	
CITY-ST-ZIP	BROOKVILLE FL 34609	
TITLE	SD	<input checked="" 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	GRUEBEL, KENNETH	
STREET ADDRESS	6000 FALL RIVER DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	ED	<input type="checkbox"/> Delete
NAME	TAYLOR, RODNEY	
STREET ADDRESS	12107 MAJESTIC BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael McHugh	
STREET ADDRESS	5397 Patricia Place	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fleck, Patricia	
STREET ADDRESS	5466 Spring Hill Drive	
CITY-ST-ZIP	Spring Hill, Fl 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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

3/6/02

Date

863-7971

Daytime Phone #