

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90034 023 ****70.00

DOCUMENT # 763575
 1. Entity Name
 HERNANDO-PASCO HOSPICE, INC.



Principal Place of Business: 12107 MAJESTIC BLVD. HUDSON, FL 34667
 Mailing Address: 12107 MAJESTIC BLVD. HUDSON, FL 34667

50003928

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip: Country



01032005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2217929
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Rodney S. Taylor*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 Rodney S. Taylor, Executive Director 1/12/05
 DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: VPD NAME: MCHUGH, MICHAEL STREET ADDRESS: 5397 PATRICIA PLACE CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE: SD NAME: FLECK, PATRICIA STREET ADDRESS: 5466 SPRING HILL DRIVE CITY-ST-ZIP: SPRING HILL, FL 34606	<input type="checkbox"/> Delete
TITLE: TD NAME: CAWLEY, JAY STREET ADDRESS: 8105 ROXBORO DRIVE CITY-ST-ZIP: HUDSON, FL	<input type="checkbox"/> Delete
TITLE: P NAME: GRUEBEL, KENNETH STREET ADDRESS: 6000 FALL RIVER DRIVE CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete
TITLE: ED NAME: TAYLOR, RODNEY STREET ADDRESS: 12107 MAJESTIC BLVD CITY-ST-ZIP: HUDSON, FL 34667	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D-P NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rodney S. Taylor*
 Signature and typed or printed name of signing officer or director
 Rodney S. Taylor, Executive Director 1/12/05 727-863-7971
 Date Daytime Phone #

ATTACHMENT

50003928

DIRECTORS #763575

2004-2005

Robert Grimes VP D
37233 Church Ave
Dade City, FL 33525

Nancy Cochrane S D
9231 Grand Cypress Drive
Weeki Wachee, FL 34613

Clarence Prevatt T D
Prevatt Funeral Home
7709 SR 52
Hudson, FL 34667

Jim Beatty D
Spring Hill Regional Hospital
10461 Quality Drive
Spring Hill, FL 34609

Theresa Brock D
SunTrust Bank
6335 US Hwy 19
New Port Richey, FL 34652

Jay Cawley D
8325 Monaco Drive
Port Richey, FL 34668

John Church D
P O Box 382
Brooksville, FL 34605

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

George Germann D
5147 Commercial Way
Spring Hill, FL 34606

Rev Kenneth F. Gruebel D
St. Mark's Presbyterian Church
7922 SR 52
Hudson, FL 34667

Lowell Harris D
37420 Meridian Ave
Dade City, FL 33525

Janet Horn D
12056 Carver Ave
New Port Richey, FL 34654

ATTACHMENT 50003928
DIRECTORS # 763575
2004-2005

Norman Hoger, M.D. D
13916 Talmage Loop
Hudson, FL 34667

Nancy Maysilles D
6134 Oakridge Ave
New Port Richey, FL 34653

Carl Nill D
110815 Los Santos Drive
Port Richey, FL 34668

Harriet Robertson D
8326 Divot Way
Port Richey, FL 34668

Randy Woodruff D
Woodruff & Company
801 S. Broad Street
Brooksville, FL 34601