

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 763935**

1. Entity Name  
**LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.**

Principal Place of Business 3010 W AZEELE ST TAMPA FL 33609	Mailing Address 3010 W AZEELE ST TAMPA FL 33609
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**59-2264957**  
 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERNANDEZ KATHY L**  
**3010 W AZEELE ST**  
**TAMPA FL 33609 US**

**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 \_\_\_\_\_ DATE **08/06/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	DS BROWNING BARBARA PO BOX 1214 N/A TAMPA FL 33601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZARATE RENE J 2303 SUNVIEW AVENUE VALRICO FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS NANCY 12902 MAGNOLIA DR TAMPA FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVENGOOD VICTOR 4515 SYLVAN RAMBLE TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS MOLLY 3707 WEST CHERRY ST TAMPA FL 33607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG RICHARD 702 N FRANKLIN ST TAMPA FL 33602 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/V P RICK KEVIN G 3010 W AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/P FERNANDEZ KATHY L 3010 W AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MELECH TRISH 3010 W AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T MELENDI SUE M 3010 W AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG RICHARD E 3010 W AZEELE ST TAMPA FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C LEAVENGOOD VICTOR 3010 W AZEELE ST TAMPA FL 33609 <input checked="" 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)(f), 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: KEVIN G RICK** O/V P **08/06/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**SCHONWETTER, RON (O/V)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**RILEY, ROXANNE (O/V)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**LUTTON, ANDY (O/V)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**GODDARD, JUDY (O/V)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**FREITAS, BILL (O/D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**WILLIAMS, JENNIFER BETH (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**WEITZNER, MICHAEL (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**TERRELL, TITO (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**SPELLMAN, VICTORIA (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**READ, PAUL D. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

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**MC MILLAN, SUSAN (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**LINCER, WALTER M. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**GILES, FENN R. JR. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**DETKE, MAX (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**CUMMINGS, NAVITA JAMES (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**BUFFINGTON, DANIEL E. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**BOUFFARD, AMANDA (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**BOLAND, ELIZABETH A. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**WALLACE, GEORGE H. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**BLACK, THOMAS W. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

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**ZARATE, RENE J. (D)**  
**3010 W AZEELE ST**

**TAMPA FL 33609**

**RENE J ZARATE (D)**