

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR - 8 PM 3: 41

DOCUMENT # 765654 (9)
1. Corporation Name
FLORIDA HOSPICES, INC.

Principal Place of Business Mailing Address
317-1/2 EAST PARK AVE. 317-1/2 EAST PARK AVE.
TALLAHASSEE FL 32301-1550 TALLAHASSEE FL 32301-1550
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/03/1982 04/27/1994
4. FEI Number Applied For
59-2685885 Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees.
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KNEE, DALE O
317-1/2 EAST PARK AVE.
TALLAHASSEE FL 32301-1550

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	THAL, ANNE
STREET ADDRESS	317-1/2 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32301-1550
TITLE	VD
NAME	MORRE, PATTI
STREET ADDRESS	317-1/2 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32301-1550
TITLE	RSD
NAME	KNOX, MARY
STREET ADDRESS	317-1/2 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32301-1550
TITLE	TD
NAME	KNEE, DALE O
STREET ADDRESS	317-1/2 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32301-1550
TITLE	VD
NAME	BARTLELT, ELAINE
STREET ADDRESS	317-1/2 EAST PARK AVE.
CITY-ST-ZIP	TALLAHASSEE FL 32301-1550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stine Thal
1.3 STREET ADDRESS	317 1/2 E. Park Ave
1.4 CITY-ST-ZIP	Tallahassee, FL 32301
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, PATTI
2.3 STREET ADDRESS	317 1/2 E. Park Ave
2.4 CITY-ST-ZIP	Tallahassee, FL 32301
3.1 TITLE	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KNOX, MARY
3.3 STREET ADDRESS	317 1/2 E. Park Ave
3.4 CITY-ST-ZIP	Tallahassee, FL 32301
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 checked="" type="checkbox"/> Addition
6.2 NAME	RSD
6.3 STREET ADDRESS	Jones, Jan
6.4 CITY-ST-ZIP	317 1/2 E. Park Ave Tallahassee, FL 32301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Dale O. Knee 1/20/95 904/433-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)
Dale O. Knee