

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

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



Principal Place of Business  
**311 EAST PARK AVE. TALLAHASSEE FL 32301-1550 US**

Mailing Address  
**311 EAST PARK AVE. TALLAHASSEE FL 32301-1550 US**

3. Date Incorporated or Qualified **11/03/1982** 3a. Date of Last Report **03/08/1995**

4. FEI Number **59-2685885** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
**21 311 East Park Ave**

2a. Mailing Address  
**26 311 East Park Ave**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

**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 **Patrice C. Moore**

82 Street Address (P.O. Box Number is Not Acceptable)  
**311 East Park Avenue**

83

84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>RSO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, JAN</b>	1.2 NAME	
STREET ADDRESS	<b>317-1/2 E. PARK AVE</b>	1.3 STREET ADDRESS	<b>311 E Park Ave</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRE, PATTI</b>	2.2 NAME	<b>Moore, PATTI</b>
STREET ADDRESS	<b>317-1/2 EAST PARK AVE.</b>	2.3 STREET ADDRESS	<b>311 E Park Ave</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNEE, DALE O</b>	3.2 NAME	<b>Alice J. Privett</b>
STREET ADDRESS	<b>317-1/2 EAST PARK AVE.</b>	3.3 STREET ADDRESS	<b>311 E Park Ave</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301-1550</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLELT, ELAINE</b>	4.2 NAME	<b>Bonnie Harvey</b>
STREET ADDRESS	<b>317-1/2 EAST PARK AVE.</b>	4.3 STREET ADDRESS	<b>311 E Park Ave</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301-1550</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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: *[Signature]* **REQUIRED** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)