

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765654 (9)**

1. Corporation Name  
**FLORIDA HOSPICES, INC.**

Principal Place of Business <b>311 EAST PARK AVE TALLAHASSEE FL 32301-1550 US</b>	Mailing Address <b>311 EAST PARK AVE TALLAHASSEE FL 32301-1550 US</b>
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3. Date Incorporated or Qualified  
**11/03/1982**

4. FEI Number  
**59-2685885**

Applied For  
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MOORE, PATRICE C  
311 EAST PARK AVENUE  
TALLAHASSEE FL 32301-1550**

10. Name and Address of New Registered Agent

**81 Name Samira Beckwith**

**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 **Samira Beckwith, President** *Samira Beckwith* **12-29-97**

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, JAN</b>	
STREET ADDRESS	<b>311 EAST PARK AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, PATTI</b>	
STREET ADDRESS	<b>311 EAST PARK AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNEE, DALE O</b>	
STREET ADDRESS	<b>317-1/2 EAST PARK AVE.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301-1550</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARVEY, BONNIE</b>	
STREET ADDRESS	<b>311 E PARK AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>RSDT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRIVETT, ALICE</b>	
STREET ADDRESS	<b>311 E PARK AVE</b>	
CITY-ST-ZIP	<b>TALLAHASSE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Becky McDonald</b>	
1.3 STREET ADDRESS	<b>311 East Park Avenue</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Elaine Bartelt</b>	
2.3 STREET ADDRESS	<b>311 East Park Avenue</b>	
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Samira Beckwith</b>	
4.3 STREET ADDRESS	<b>311 East Park Avenue</b>	
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
5.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Cynthia Harris-Panning</b>	
5.3 STREET ADDRESS	<b>311 East Park Avenue</b>	
5.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Cynthia Harris-Panning* **Cynthia Harris-Panning**

CR2E037 (10/97)