

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

*pd1388  
3/8/99*

**DOCUMENT # 765654**  
1. Corporation Name

**Florida Hospices & Palliative Care, Inc.**  
1289 Cedar Center Drive  
Tallahassee, FL 32301

Principal Place of Business Mailing Address  
**Cedar Woods Office Center**  
1289 Cedar Center Drive **same**  
Tallahassee, FL 32301

2. Principal Place of Business 2a. Mailing Address  
21 1289 Cedar Center Dr. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Tallahassee, FL 28 Zip Country  
24 32301 25 USA 29 30

3. Date Incorporated or Qualified  
**11/03/82**  
4. FEI Number  
**59-2685885**  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Applied For Not Applicable  
**\$8.75** Additional Fee Required  
**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**Samira Beckwith**  
311 East Park Avenue  
Tallahassee, FL 32301

10. Name and Address of New Registered Agent  
81 Name  
**Samira Beckwith**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1289 Cedar Center Drive**  
83 **Tallahassee, FL 32301**  
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>Samira Beckwith</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	<b>311 E. Park Ave.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE <b>VP/D</b>	<b>Elaine Bartelt</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	<b>311 East Park Ave.</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE <b>VP/D</b>	<b>Becky McDonald</b>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE <b>STD</b>	<b>Cynthis Harris Panning</b>	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>Samira Beckwith</b>
14 CITY-ST-ZIP	<b>1289 Cedar Center Drive</b>
21 TITLE <b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>Elaine Bartelt</b>
24 CITY-ST-ZIP	<b>1289 Cedar Center Dr.</b>
31 TITLE <b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>Dale O. Knee</b>
34 CITY-ST-ZIP	<b>1289 Cedar Center Dr.</b>
41 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>Mary Ellen Poe</b>
44 CITY-ST-ZIP	<b>1289 Cedar Center Drive</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

800002814478--2  
03/22/99--01152--021  
\*\*\*\*70.00  
*3-15-99*

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, with all other like empowered.

SIGNATURE: Samira K. Beckwith, President 3-7-99 850-878-2632  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)