

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90275 045 \*\*\*\*61.25

**DOCUMENT # 765654**

1. Entity Name

**FLORIDA HOSPICES AND PALLIATIVE CARE, INC.**

Principal Place of Business

Mailing Address

1289 CEDAR CENTER DR.  
 TALLAHASSEE FL 32301  
 US

1289 CEDAR CENTER DR.  
 TALLAHASSEE FL 32301  
 US

1 4 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1018 THOMASVILLE ROAD

1018 THOMASVILLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #103

SUITE #103

City & State

City & State

TALLAHASSEE, FL

TALLAHASSEE, FL

Zip

Country

Zip

Country

32308

LEON

32308

LEON

4. FEI Number

59-2685885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKWITH, SAMIRA  
 1289 CEDAR CENTER DR.  
 TALLAHASSEE FL 32301

Name

Tim Bowen

Street Address (P.O. Box Number is Not Acceptable)

1018 THOMASVILLE ROAD

SUITE #103

City

TALLAHASSEE

FL

Zip Code

32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BECKWITH, SAMIRA<br>1289 CEDAR CENTER DR.<br>TALLAHASSEE FL 32301 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BARTELT, ELAINE<br>1289 CEDAR CENTER DR.<br>TALLAHASSEE FL 32301 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>KNEE, DALE O<br>1289 CEDAR CENTER DR.<br>TALLAHASSEE FL 32301    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>POE, MARY ELLEN<br>1289 CEDAR CENTER DR.<br>TALLAHASSEE FL 32301  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>FERNANDEZ, KATHY<br>1289 CEDAR CENTER DR<br>TALLAHASSEE FL 32301  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TIM BOWEN<br>1018 THOMASVILLE ROAD, SUITE 103<br>TALLAHASSEE, FL 32308        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BRUCE WOLTERS<br>1018 THOMASVILLE ROAD, SUITE 103<br>TALLAHASSEE, FL 32308   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ALICE PRIVETT<br>1018 THOMASVILLE ROAD, SUITE 103<br>TALLAHASSEE, FL 32308   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PATRICK LEHOTSKY<br>1018 THOMASVILLE ROAD, SUITE 103<br>TALLAHASSEE, FL 32308 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MARY ELLEN POE<br>1018 THOMASVILLE ROAD, SUITE 103<br>TALLAHASSEE, FL 32308   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input 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)(i), 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:

Tim Bowen

1/18/01

Date

850-878-2632

Daytime Phone #

CR2E037 (10/00)