2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765654 1. Entity Name

ELOPIDA HOSPICES AND DALLIATIVE CADE INC

LOUIDA	HOSPICES AND PALLIAN	IVE CAN	E, ING.			03-22-2002 \$		
1616-D METROPOLITAN CIR. 16			ng Address	-				
) METROPOLITAN CIR. HASSEE FL 32308					
2. Principal Pl	ace of Business	3. Ma	iling Address		DO NOT WRITE 4. FE! Number 59-2685885			
Suite, Apt.	#, etc.	Si	uite, Apt. #, etc.					
City & State		С	ity & State					
Zip	Country	Zi	p	Country	5. Certificate of S			
	6. Name and Address of Curre	nt Register	ed Agent		7. Name and Ad	dress of New Re		
BOWEN, TI 1918 THON SUITE #10	Masville - Ro ad	والمراق والمتحدث المستحدد	المنون المستريد والمستريد		ddress (P.O. Box Number is	Not Acceptable)		
	SEE FL 32308			City -		LAHASSEE		
8. The above	named entity submits this statement Luyanne, 7	for the purp	pose of changing its re	egistered office o	r registered agent, or both, in	n the state of Florid		
	Signature, typed or printed name of registered age	ent and title if ap	plicable. (NOTE: F	Registered Agent signal	ture required when reinstating)	,		
FILE NOW: FEE IS \$61.25			9. Election Camp Trust Fund Cor	-	\$5.00 May Be Added to Fees	Make De		
10.	OFFICERS AND D	DIRECTORS		11.	ADDITIONS/CHANG	SES TO OFFICERS		
NAME STREET ADDRESS	PD Bowen, Tim 1018 Thomasville Road, Su Tallahassee Fl 32308	ITE 103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1616-D Y	Petropele		

FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90258 047 ****61.25



Applied For Not Applicable

IN THIS SPACE

Zip		Country	Zip		Country	Ì	5. Certificate of S	tatus Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
والمستدين المستدين ال						Name SUSANUE F. HOMANT						
BOWEN, TIM					Street A	Street Address (P.O. Box Number is Not Acceptable)						
1 018 THOMASVILLE - RO AD						1616-D METROPOLITAN (R.						
SUITE #168												
TALLAHASSEE FL 32308					City -	City TALLAHASSEE FL Zig Code						
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 Sphature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) May												
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu						- WO.OU May be make which is a judic to						
10.	1	OFFICERS AND	DIRECTORS		11.	Α	DDITIONS/CHANG	ES TO OFFIC	CERS AND DIF	RECTORS IN	10	
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TITLE	VPD			☐ Delete	TITLE					Change	Addition	
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STREET ADDRESS CITY-ST-ZIP		MASVILLE ROAD, S	SUITE-103		STREET ADDRESS		ì					
		SEE FL 32308		- <u>-</u>	CITY-ST-ZIP							
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VAME					NAME							
STREET ADDRESS					STREET ADDRESS				.		į	
CITY-ST-ZIP					CITY-ST-ZIP							
12. I hereby c	ertify that the	information supplied or supplemental repo	with this filing do	es not qualify for the	e exemption stat	ed in Sec	tion 119.07(3)(i), Flo	orida Statutes	s. I further certi	fy that the inf	ormation	

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.