

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90258 047 ****61.25

DOCUMENT # 765654

1. Entity Name

FLORIDA HOSPICES AND PALLIATIVE CARE, INC.

Principal Place of Business

Mailing Address

**1616-D METROPOLITAN CIR.
 TALLAHASSEE FL 32308
 US**

**1616-D METROPOLITAN CIR.
 TALLAHASSEE FL 32308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2685885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, TIM
~~1018 THOMASVILLE ROAD~~
~~SUITE 103~~
 TALLAHASSEE FL 32308

Name **SUSANNE F. HOMANT**

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

1616-D METROPOLITAN CR.

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

Susanne F. Homant

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

(NOTE: Registered Agent signature required when reinstating)

4/27/02

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	PD	<input type="checkbox"/> Delete
NAME	BOWEN, TIM	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WOLTERS, BRUCE	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRIVETT, ALICE	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEHOTSKY, PATRICIA	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POE, MARY ELLEN	
STREET ADDRESS	1018 THOMASVILLE ROAD, SUITE 103	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1616-D Metropolitan Circle	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY CLARK TAYLOR	
STREET ADDRESS	(SAME AS ABOVE)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Susanne F. Homant Executive Director 4/27/02 878-2632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)