

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765654

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: FLORIDA HOSPICES AND PALLIATIVE CARE, INC.

**Current Principal Place of Business:**

1616-D METROPOLITAN CIR.  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1616-D METROPOLITAN CIR.  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

FEI Number: 59-2685885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOMANT, SUSANNE F  
1616 D METROPOLITAN CR.  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

LEDFORD, PAUL A  
1616 D METROPOLITAN CR.  
TALLAHASSEE, FL 32308 US

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: PAUL A. LEDFORD

01/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LEHOTSKY, PATRICIA  
Address: 12300 LANE PARK ROAD  
City-St-Zip: TAVARES, FL 32778 US

Title: VP ( ) Delete  
Name: PRIVETT, ALICE  
Address: 3231 SW 34TH ST  
City-St-Zip: OCALA, FL 34473 US

Title: VP ( ) Delete  
Name: HARLEY, DEBORAH  
Address: 3800 WOODBRIAR TRAIL  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: SECY ( ) Delete  
Name: MAISTO, MARGE  
Address: 5955 RAND BLVD  
City-St-Zip: SARASOTA, FL 34238 US

Title: TRES ( ) Delete  
Name: TAYLOR, CLARK  
Address: 5151 ADANSON STREET, #200  
City-St-Zip: ORLANDO, FL 32804 US

Title: ED ( ) Delete  
Name: HOMANT, SUSANNE F  
Address: 1616 D METROPOLITAN CR  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LABAYAK, MARY  
Address: 300 EAST BAY DRIVE  
City-St-Zip: LARGO, FL 33770 US

Title: VP (X) Change ( ) Addition  
Name: PALUMBO, ANTHONY  
Address: P.O. BOX 641270  
City-St-Zip: BEVERLY HILLS, FL 34464 US

Title: VP (X) Change ( ) Addition  
Name: WILSON, ROBERT  
Address: 595 MONTGOMERY ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SECY (X) Change ( ) Addition  
Name: PRIVETT, ALICE  
Address: 3231 SW 34TH AVENUE  
City-St-Zip: OCALA, FL 34474 US

Title: TRES (X) Change ( ) Addition  
Name: WOLTERS, BRUCE  
Address: 1250-B GRUMMAN PLACE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: ED (X) Change ( ) Addition  
Name: LEDFORD, PAUL A  
Address: 1616 D METROPOLITAN CR  
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL A. LEDFORD

ED

01/06/2005

Electronic Signature of Signing Officer or Director

Date