

FILE NOW: FILING FEE IS \$61.25

1-3

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01467 (2)

1. Corporation Name  
HOSPICE OF LAKE AND SUMTER, INC.

Principal Place of Business: 12300 LANE PARK RD, TAVARES FL 32778-9660

Mailing Address: 12300 LANE PARK RD, TAVARES FL 32778-9660



400001849184  
-06/04/96--01018--011

3. Date Incorporated For Qualified: 02/15/1984

3a. Date of Last Report: 03/29/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2330114

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

SENNETT, TIMOTHY  
8907 US 441,  
SUITE 1  
LEESBURG FL 34749

10. Name and Address of New Registered Agent

81 Name: Mary McDaniel, Attorney

82 Street Address (P.O. Box Number is Not Acceptable): 226 W. Alfred Street

83 City, State, Zip: Tavares, FL 32778

84 City: FL 85 Zip Code

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: Mary McDaniel, Attorney *Mary M McDaniel* DATE: 4/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SENNETT, TIMOTHY	
STREET ADDRESS	P O BOX 490206 N/A	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRISON, FRED	
STREET ADDRESS	P O BOX 491357 N/A	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALIDAY JR., ALFRED G.	
STREET ADDRESS	400 WEBSTER ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HINDMAN, SCOTT	
STREET ADDRESS	700 BOYLESTON ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATROWICZ, CONNIE	
STREET ADDRESS	1700 COUNTRY CLUB ROAD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNDY, R. E	
STREET ADDRESS	504 LEMON STREET	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hindman, Scott	
1.3 STREET ADDRESS	700 Boyleston Street	
1.4 CITY-ST-ZIP	Leesburg, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morrison, Fred	
2.3 STREET ADDRESS	P.O. Box 491357 N/A	
2.4 CITY-ST-ZIP	Leesburg, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	De Scipio, Helen	
3.3 STREET ADDRESS	37405 Jake Lane	
3.4 CITY-ST-ZIP	Umatilla, FL 34749	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Binnevold, William	
4.3 STREET ADDRESS	P.O. Box 490047 N/A	
4.4 CITY-ST-ZIP	Leesburg, FL 34749	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Beyers, Roger	
5.3 STREET ADDRESS	1123 West Main Street	
5.4 CITY-ST-ZIP	Leesburg, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Scott Hindman* DATE: 4/8/96 DAYTIME PHONE #: 352/343/1341

CR2E037 (12/95)

NO1467

HOSPICE OF LAKE & SUMTER, INC  
BOARD OF DIRECTORS  
(Revised: February 26, 1996)

TERM EXPIRES - DECEMBER 31, 1996

- SCOTT HINDMAN (PRESIDENT) (h) 787-5525  
700 Boyleston St (w) 787-2431  
Leesburg, FL 34748 FAX 787-9922
- ROGER BEYERS (PRESIDENT ELECT) (w) 787-4343  
1123 West Main Street FAX 787-4674  
Leesburg, FL 34748
- HELEN DeSCIPIO (VICE PRESIDENT)  
37405 Oak Lane  
Umatilla, FL 32784 (h) 357-4873
- FRED A. MORRISON (SECRETARY) (h) 728-6194  
P.O. Box 491357 N/A (w) 787-1241  
Leesburg, FL 34749-1357 FAX 326-2608
- R.E. LUNDY (AT LARGE) (w) 669-2133  
504 Lemon Street (h) 357-2225  
Eustis, FL 32726 FAX 669-1170  
Directly to R.E. FAX 669-1606
- TIMOTHY SENNETT (AT LARGE) Personal FAX 728-5255  
P O Box 491308 N/A Office FAX 365-1071  
Leesburg, FL 34749-1308 (w) 326-0411  
(h) 787-3451

TERM EXPIRES - December 31, 1997

- STACY BERCKES, M.D. FAX 735-3711  
111 Waterman Avenue (w) 357-3313  
Mount Dora, FL 32757 (h) 669-8273
- ANDREA BURR Fax 383-8559  
408 N. Tremain (w) 383-8505  
Mount Dora, FL 32757
- (VACANCY #2)
- ELAINE REJIMBAL FAX 357-1428  
Vo-Tech (w) 742-6486  
2001 Kurt Street (h) 383-5779  
Eustis, FL 32726
- WILLIAM BINNEVELD (TREASURER) FAX 326-4731  
Vice President Senior Trust (w) 787-5111  
PO Box 490047  
Leesburg, FL 34749-0047

Board of Directors

VACANCY #1

**TERM EXPIRES - December 31, 1998**

VACANCY #3

VACANCY #4

VACANCY #5

VACANCY #6

**FOUNDATION BOARD REPRESENTATIVES**

JOE HOLMES (FOUNDATION PRESIDENT)

SunTrust  
900 N 14th Street  
Leesburg, FL 32748

FAX 326-4823  
(w) 326-4642

ANITA SIMPSON (FOUNDATION REPRESENTATIVE)

445 Limit Avenue  
Mount Dora, FL 32757

FAX  
(h) 383-6353

WAYNE BAILEY (CHAIR OF FINANCE COMMITTEE)

Dean Witter Reynolds  
15930 N. Hwy 441  
Eustis, FL 32726

(w) 483-5912  
FAX 483-5903

CHIEF EXECUTIVE OFFICER...BECKY MCDONALD

(w) 343-1341

MEDICAL DIRECTOR...ROBERT PURDON, M.D.  
100 East Hazzard Street  
Eustis, FL 32726

(w) 589-0991  
FAX 589-7158

DR. LOWELL CLARK, M.D.  
212 S. Florida Street  
Bushnell, FL 33513

(w) 787-1600  
(w) 793-2441  
FAX 793-3282

DR. JAIME GONZALEZ, M.D.  
810 W. Desoto Street  
Clermont, FL 34711

(w) 394-5535  
FAX 394-5810

BOARD ATTORNEY..... MARY MCDANIEL  
226 W. Alfred Street  
Tavares, FL 32778

(w) 343-2600  
FAX 343-4755