

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2004
Secretary of State**

DOCUMENT# N01467

Entity Name: HOSPICE OF LAKE AND SUMTER, INC.

Current Principal Place of Business:

12300 LANE PARK RD
TAVARES, FL 327789660 US

New Principal Place of Business:

Current Mailing Address:

12300 LANE PARK RD
TAVARES, FL 327789660 US

New Mailing Address:

FEI Number: 59-2330114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHOTSKY, PATRICIA
12300 LANE PARK ROAD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NELSON, GREGORY
Address: 2701 SOUTH BAY STREET
City-St-Zip: EUSTIS, FL 32726 US

Title: PD () Delete
Name: MCKEE, ROBERT
Address: 7205 NORTH SHORE DR
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: ELLIS, SETH D
Address: 174 SEMORAN COMMERCE PL STE 111
City-St-Zip: APOPKA, FL 32702

Title: S () Delete
Name: ALLEN, JULIA
Address: 1400 US HWY 441 N, STE 930
City-St-Zip: THE VILLAGES, FL 32159

Title: VD () Delete
Name: ELSWICK, P. SHANNON
Address: 9021 MOSSY CAK LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PENNACCHIA, SUSAN
Address: 9501 US HWY 441
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCKEE, ROBERT
Address: 7205 NORTH SHORE DR
City-St-Zip: LEESBURG, FL 34788

Title: S/D (X) Change () Addition
Name: JUDGE, JAMES
Address: 2761 WEST OLD HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

Title: V/D (X) Change () Addition
Name: LONGACRE, LESLIE
Address: 1099 CITRUS TOWER BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Change () Addition
Name: ELSWICK, P. SHANNON
Address: 1414 KUHL AVENUE, MAIL POINT 1
City-St-Zip: ORLANDO, FL 32806-209

Title: D (X) Change () Addition
Name: COGSWELL, STEVEN C M.D.
Address: 809 PINE STREET
City-St-Zip: LEESBURG, FL 34749

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: P. SHANNON ELSWICK

P/D

02/16/2004

Electronic Signature of Signing Officer or Director

Date

SUSAN RICCI, DIRECTOR
9501 US HIGHWAY 441
LEESBURG, FL 34788

SCOTT WINDSOR, DIRECTOR
1300 WEST CITIZEN'S BLVD.
LEESBURG, FL 34748

ROBERT MCKEE, DIRECTOR
7205 NORTH SHORE DRIVE
LEESBURG, FL 34788

ANTONE DAVIS, DIRECTOR
1635 EAST HIGHWAY 50
CLERMONT, FL 34711