

NO 1467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

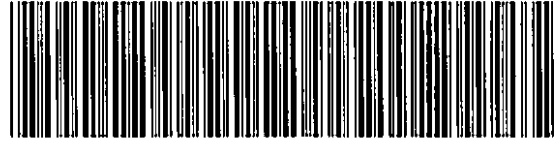
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317403172

GAYLORD GAYLORD & OBERMIR, P.A.
 ATTORNEYS AT LAW
 P. O. BOX 1944
 804 NORTH BAY STREET
 EUSTIS, FLORIDA 32716

DAVID E. GAYLORD
 FRANK T. GAYLORD
 JEBULON L. OSBORN
 LAWYERS

TELEPHONE
 910-328-1734

February 9, 1984

Corporate Records Bureau
 Division of Corporations
 Department of State
 P. O. Box 127
 Tallahassee, FL 32304

NO 1467

Re: Lake E. Spice Inc.

Gentlemen:

Enclosed is original and a copy of above-referenced Articles of Incorporation. Also enclosed is check from Waterman Memorial Hospital Assoc. Inc., No. 19955, in the amount of \$38.00 to cover the filing fee.

Please return a Certified Copy of the filed Articles to our office at the above address is P. O. Drawer 2047, Eustis, Florida.

Availability	EW 2-15-84
Document Examiner	ROB 6A
Updater	R RB 2-15
Updater	x RB 2-20
Verifier	x RB 2-20
Acknowledgment	RB 2-16
W. P. Verifier	CC

Very truly yours,
Jebulon L. Osborn
 JEBULON L. OSBORN

NON-PROFIT	\$30
FILING	5
C. COPY	3
TOTAL	38
AMOUNT DUE \$	
REFUND \$	

NO 1467

ARTICLES OF INCORPORATION

OF

LAKE HOSPICE, INC.

In compliance with the requirements of Chapter 617 of the Florida Statutes, the undersigned, all of whom are residents of Florida, and all of whom are of full age, have this day voluntarily associated themselves together for the purpose of forming a corporation not-for-profit and do hereby certify:

ARTICLE I

NAME OF CORPORATION

The name of the corporation is LAKE HOSPICE, INC., hereinafter called the "Corporation."

ARTICLE II

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the Corporation is 116 East McDonald Avenue, Eustis, Florida 32726, and the name of the initial registered agent of this Corporation is ZEBULON L. OSBORNE.

ARTICLE III

PURPOSE AND POWER OF THE CORPORATION

This Corporation does not contemplate pecuniary gain or profit to the members thereof, and the specific purposes for which it is formed are as follows:

(A) To establish and maintain an out-patient, at-home program to provide palliative and supportive medical, emotional, interpersonal, and financial care for persons with signs and symptoms caused by chronic degenerative diseases, especially malignant neoplasms, and their families, either directly or on a consulting basis with the patient's physician or another community health care agency such as a visiting nurse association. The whole family is considered the unit of care and care extends through the mourning process. Emphasis is placed on symptom control and preparation for and support before and after death, full scope health services being provided by an organized interdisciplinary team available on a twenty-four-hours-a-day, seven-days-a-week basis.

Articles of Incorporation

Lake Hospice, Inc., a not-for-profit corporation

Page 2

(B) To carry on any and all activities permitted to a corporation not-for-profit under the laws of the State of Florida as may be helpful or appropriate for the achievement of the foregoing goals and purposes; provided, however, that the Corporation shall not engage in any activity which would be inconsistent with its classification as an organization described in Paragraph 501(c)(3) and 170(b)(1)(A)(iii) of the Internal Revenue Code of 1954, as amended from time to time, or any equivalent section of the Internal Revenue Code in effect at any time; but if, at any time, the Corporation be deemed to be a private foundation as defined by Section 509 of the Internal Revenue Code of 1954, as amended from time to time, then so long as the Corporation is deemed a private foundation, it shall not, as provided in Section 508(e) of the Internal Revenue Code of 1954, as amended from time to time, fail to require its income for each taxable year to be distributed at such time and in such manner as to not subject the Corporation to tax under Section 4942 of the Internal Revenue Code of 1954, as amended from time to time, engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, as amended from time to time, retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, as amended from time to time, make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Internal Revenue Code of 1954, as amended from time to time, and make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, as amended from time to time.

(C) To have and exercise any and all powers, rights and privileges which a corporation organized under the non-profit corporation law of the State of Florida by law may now or hereafter have or exercise.

ARTICLE IV

NON-PAYMENT OF SALARIES

No part of the Corporation's income shall be distributed to its Directors or officers, and the Corporation shall not have or issue shares of stock or pay dividends. Nothing herein shall be construed to preclude any officer or Director from serving the Corporation in some other capacity and/or from receiving reasonable compensation for services actually rendered to the Corporation in effecting one or more of its purposes.

ARTICLE V

MEMBERSHIP

The membership shall be comprised of the members of the Board of Directors. A Board of Directors shall manage the activities, property, and affairs of the Corporation, and to those ends may exercise any and all powers of the Corporation. The board of Directors, as approved by the Board of Directors of Lake County Health Care Systems, Inc., shall be self-perpetuating and constituted as provided in the By-Laws to be adopted by the Corporation. The Corporation shall have six (6) Directors initially. The number of Directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial Directors of this Corporation are as follows:

<u>Name</u>	<u>Address</u>
Cari J. Bender, Jr.	Waterman Medical Center, Inc. P.O. Box 8 Eustis, FL 32727-0377
Darrell Shonkwiler	"
Lorraine Leaser	"
Coralie Duffy	"
Eugene Speener	West Highway 42 Altoona, FL 32702
Frank DeScipio	Route 2, Box 932 Umatilla, FL 32784

ARTICLE VI

INITIAL OFFICERS

The names and addresses of those persons who are to act as the officers of the Corporation until the election of their successors are:

<u>Name</u>	<u>Title</u>	<u>Address</u>
Carl J. Bender, Jr.	President	Interman Medical Center, Inc. P.O. Box B Eustis, FL 32727-0377
Darrell Shonkwiler	Secretary/Treasurer	"

The above-named officers are to serve until the organizational meeting of the Corporation to be held as soon after incorporation as practicable. The officers shall hold office for one (1) year and shall be elected by the Directors at the first meeting of the Board of Directors following a one (1) year period from the date of their election.

ARTICLE VII

INDEMNIFICATION

Every Director and every officer of the Corporation shall be indemnified by the Corporation against all expenses and liabilities, including counsel fees, reasonably incurred by or imposed upon him in connection with any proceeding or any settlement of any proceeding to which he may be a party or in which he may become involved by reason of his being or having been a Director or officer of the Corporation, whether or not he is a Director or officer at the time such expenses are incurred, except when the Director or officer is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided, that in the event of a settlement, the indemnification shall apply only when the Board of Directors approves such settlement and reimbursement as being for the best interest of the Corporation. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such Director or officer may be entitled.

ARTICLE VIII

DISSOLUTION

The Corporation may be dissolved with the assent given in writing and signed by not less than two-thirds (2/3rds) of the Board of Directors, and upon the approval of the Board of Directors of Lake County Health Care Systems, Inc. Upon dissolution of the Corporation, subject to the provisions of Section 617.05 of the Florida Statutes, the Corporation's assets, both real and personal, shall be transferred to Lake County Health Care Systems, Inc., its subsidiaries, successors or other qualified 501(c)(3) organization, and dedicated to purposes as nearly as practicable the same as those to which they were required to be devoted by the Corporation.

ARTICLE IX

DURATION

The Corporation shall exist perpetually.

ARTICLE X

AMENDMENTS

Amendments to these Articles may be proposed by the Board of Directors and shall become effective upon the affirmative vote of Seventy-five percent (75%) of the Board of Directors at any regular or special meeting of said Board; provided, however, no such amendment shall be inconsistent with the terms and provisions of Article III hereof, and with the approval of Lake County Health Care Systems, Inc.

ARTICLE XI

BY-LAWS

The By-Laws of this Corporation shall be adopted by the Board of Directors and may be altered, amended or rescinded in the manner provided by the By-Laws.

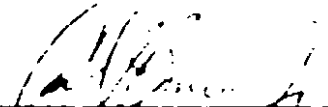
ARTICLE XII

INCORPORATORS

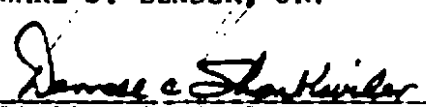
The names and addresses of the persons signing these Articles are as follows:

<u>Name</u>	<u>Address</u>
Carl J. Bender, Jr.	
Darrell Shonkwiler	
Coralie Duffy	


IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation on this 9 day of February, 1984.



CARL J. BENDER, JR.



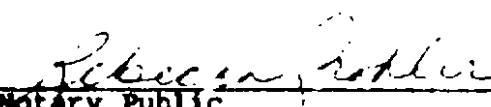
DARRELL SHONKWILER



CORALIE DUFFY

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 9 day of February, 1984, by CARL J. BENDER, JR., DARRELL SHONKWILER, and CORALIE DUFFY.



Notary Public

My Commission Expires:

Notary Public, State of Florida at Large
My commission expires on 20, 1986
Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of LAKE HOSPICE, INC.



BULON L. OSBORNE



1985

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required — Make Checks Payable To Secretary of State

NO 1467 E
LAKE HOSPICE, INC.
C/O ZEBULON L. OSBORNE
116 EAST McDONALD AVENUE
EUSTIS, FL

32726

Date of Report: 02/15/1984

BENDER, CARL J., JR.	P/O	PO BOX B, WATERMAN MED. CT	EUSTIS, FL
SHONKWILER, DARRELL	S/T/OPO	BOX B, WATERMAN MED. CT	EUSTIS, FL
LEASER, LORRAINE	D	PO BOX B, WATERMAN MED. CT	EUSTIS, FL
DUFFY, CORALIE	D	PO BOX B, WATERMAN MED. CT	EUSTIS, FL
SPEENER, EUGENE	D	WEST HIGHWAY 42	ALTOONA, FL
DESCIPIO, FRANK	D	RT. 2, BOX 932	UMATILLA, FL

Registered Agent Information

Name and Address of Current Registered Agent

OSBORNE, ZEBULON L.
116 EAST McDONALD AVENUE
EUSTIS, FL

32726

Name

Same

Street Address (Do NOT use P.O. Box)

812 N. Bay Street

City, State and Zip

Eustis, FL 32726

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statute, the undersigned hereby certifies that the information furnished herein is true and correct. This statement is for the purpose of changing the registered office or registered agent of the corporation. Such change was authorized by resolution duly adopted by its board of directors.

I hereby accept the appointment of registered agent. I am familiar with and accept the responsibilities of being a registered agent.

SIGNATURE

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under "Signature" on other side of this report.

I Certify That I Am An Officer of the Corporation, the Registered Office Employee with Signature Authority, and I further Certify That I Understand My Signature On This Report Shall Have the Same Effect as That of the Corporation. (Officer signing must be listed in Block 6)

Signature

4/30/85

Typed Name of Signing Officer

Carl J. Bender, Jr.

Title

President/Director

904 589 3333

11. DO YOU DESIRE A CERTIFICATE OF STATUS CHECK THE BOX.

CERTIFICATE OF STATUS CHECK THE BOX.

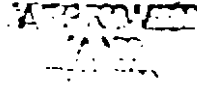
\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Frestine
Secretary of State
DIVISION OF CORPORATIONS



Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

2 Enter Change of Address of Corporation Principal Office - P.O. Box Number (None is NOT Sufficient)

Street Address 2
P.O. Box No. 22
City and State 23
Zip Code 24

NO1467
LAKE HOSPICE, INC.
C/O ZEBULON L. OSBORNE
116 EAST McDONALD AVENUE
EUSTIS, FL 32726

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

4 Date Incorporated or Qualified To Do Business in Florida: 02/15/1984

5 Federal Employer Identification Number (FEIN):

6 Date of Last Report: 05/09/1985

7 Names and Street Addresses of Each Officer and Director as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
ANDERSON, J. JR.	P.O.	PO BOX B WATERMAN MED. CT	EUSTIS FL	
MONAGHAN, DAFFELL	S.T.O.	PO BOX B WATERMAN MED. CT	EUSTIS FL	
tailip, LORRAINE	D	PO BOX B WATERMAN MED. CT	EUSTIS FL	
LEWY, CORALIE	D	PO BOX B WATERMAN MED. CT	EUSTIS FL	
REEDER, EUGENE	D	WEST HIGHWAY	ALTOONA FL	
RECTORO, FRANK	D	RT. 2 BOX 982	UNFILLA FL	
SEE ATTACHED SHEET				

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

8 Name and Address of New Registered Agent

OSBORNE, ZEBULON L.
112 N BAY ST
EUSTIS, FL 32726

Name 81
Street Address (Do NOT Use P.O. Box Number) 82
City and State 83 FL Zip Code 84

9 Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer signing must be listed in Block 6)

Signature _____ Date _____

Typed Name of Signing Officer _____ Title _____ Treasurer _____

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED \$55 Additional Fee required for a Certificate of Status

CR2E04 (1/85)

3,4,51

Dennis Oldham
Randall Thornton
2 Darrell Shonkwiler
Carl J. Bender, Jr.
✓ Frank Decapio
Helen Decapio
D. Alan Hays

P/D 940 Edgewater Circle, Eustis, FL
V/D P. O. Box 58, Lake Panasoffkee, FL
S/D 116 E. McDonald Ave., Eustis, FL
T/D 116 E. McDonald Ave., Eustis, FL
D Rt. 2, Box 932, Umatilla, FL
D Rt. 2, Box 932, Umatilla, FL
D 285 S. Central Avenue

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Osborne
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED FEB 13 1987

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office

NO1467
LAKE HOSPICE, INC.
C/O ZEBULON L. OSBORNE
~~110 EAST McDONALD AVENUE~~
EUSTIS, FL 32726

2

Enter Change of Address (If Change of Office or P.O. Box Number or City and State)

Street Address 1
812 North Bay Street
P.O. Box No. 22
City and State 23
Zip Code 34

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

Date Incorporated or Qualified To Do Business in Florida: 02/15/1984
Federal Employer Identification Number (FEIN):
Date of Last Report: 03/31/1986

Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
OSBOR, CARL J., JR.	T/O	201 North Eustis	EUSTIS, FL
OSBOR, DANIEL Dianne Patrowicz	S/O	116 E. McDONALD AVE. 1700 Country Club Road	EUSTIS, FL Eustis, FL
DAN, DENNIS	P/O	94 EDgewater CIRCLE 40 Cove Lane	EUSTIS, FL Eustis
OSBOR, HELEN Bill Mobley	O V/P	RT. 2 BOX 522 2311 Picciola Road	UNSTILLA, FL Leesburg, FL
OSBOR, FRANK	O	235 S. CENTRAL AVE.	UNSTILLA, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

OSBORNE, ZEBULON L.
2 N BAY ST
EUSTIS, FL 32726

8. Name and Address of New Registered Agent

Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84
Zip Code 85
FL

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits a statement for the purpose of changing its registered office, or registered agent, or both in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of _____ as registered agent, I am familiar with and accept the obligations of Section 607.325 F.S.
SIGNATURE _____ DATE Feb. 2, 1987

\$3.00 Additional Fee Required for Registered Agent Changes

See signature restrictions under instruction on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if I Made Under Oath
(Officer signing must be listed in Block 6)

Signature: *Carl J. Bender, Jr.* Date: 2-2-87
Name of Signer: Carl J. Bender, Jr. Title: Treasurer Telephone Number: 904 589 3333

Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee Required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
An Equal Opportunity Office
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SECRET

STATE CORPORATIONS

Name and Address of Corporation Principal Office

NO1467
LAKE HOSPICE, INC.
C/O ESBULON L. OSBORNE
312 NORTH BAY STREET
BUSTIS, FL 32726

Street Address 1: Do NOT use P.O. Box Number & Zip Code 65

Street Address 2: Do NOT use P.O. Box Number & Zip Code 65

City and State 64

Zip Code 65

Name and Address of Current Registered Agent

Date incorporated in State: 02/15/1984

Florida Employer Identification Number: 59-2330114

Date of Last Report: 02/18/1987

Names and Street Addresses of Officers and Directors as of December 31, 1987

Name of Officer and Director	Title	Street Address	City and State
BENDER, CARL J., JR.	T	201 NORTH BUSTIS	BUSTIS, FL
PATROWICZ, CONNIE	S	1700 COUNTRY CLUB RD.	BUSTIS, FL
OLDHAM, DENNIS	P/D	40 COVE LANE	BUSTIS, FL
NOBLEY, BILL	V/P	2311 PICCIOLA RD.	LEESBURG, FL.

Name and Address of New Registered Agent

OSBORNE, ESBULON L.
812 N BAY ST
BUSTIS, FL 32726

Street Address 1: Do NOT use P.O. Box Number & Zip Code 65

Street Address 2: Do NOT use P.O. Box Number & Zip Code 65

City and State 64

Zip Code 65

FL

Pursuant to the provisions of Sections 607.004 and 607.007 Florida Statutes, the herein-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by resolution duly adopted by the board of directors of the corporation.

I hereby accept the appointment of registered agent and accept the obligations of Section 607.005 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

If a foreign corporation, date first it resided business in Florida

See signature collectors under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Return as Required by Chapter 607, F.S. I hereby certify that I understand the signature of this return shall have the same legal effect as if made under oath. (Officer or Director signing must be listed in Block 1)

Signature: *Connie Patrowicz*
Typed Name of Signing Officer or Director: **Connie Patrowicz**

Secretary

Telephone Number

Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

CRF 004 (1-88)

ARTICLES OF AMENDMENT
OF
LAKE HOSPICE, INC.

Article I, Name of Corporation, of the Articles of Incorporation of LAKE HOSPICE, INC., is hereby amended to read as follows:

ARTICLE I - NAME OF CORPORATION

The name of this Corporation is HOSPICE OF LAKE AND SUMTER, INC.

The foregoing amendment was adopted by at least 75% of the Board of Directors of this Corporation on the 23rd day of June, 1988.

IN WITNESS WHEREOF, the undersigned President and Secretary of this Corporation have executed these Articles of Amendment this 19th day of July, 1988.



CONSTANCE PATROMICZ
Secretary



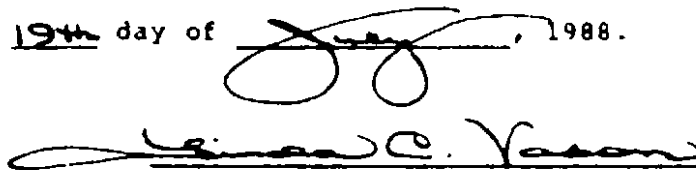
LONNIE STRICKLAND
President

STATE OF FLORIDA

COUNTY OF LAKE

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared LONNIE STRICKLAND and CONSTANCE PATROWICZ, the President and Secretary, respectively, of this Corporation, who are known to me to be the persons described in and who executed the foregoing Articles of Amendment, and they acknowledge before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the State and County aforesaid, this 19th day of July, 1988.



NOTARY PUBLIC

My Commission Expires: Notary Public, State of Florida
My Commission Expires July 17, 1991

(SEAL)

FILE NON ANNUAL REPORT DELINQUENT AFTER JULY 1ST

**CORPORATION
ANNUAL REPORT
1989**



FLORIDA DEPARTMENT OF STATE
1901
39, Manatee State
DIVISION OF CORPORATIONS

09 566054

Printing Fee of \$30 Required - Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office
ZIP + 4
NO1467 2
HOSPICE OF LAKE AND SUNTER, INC.
C/O EBULON L. OSBORNE
812 NORTH BAY STREET
BUSTIS, FL 32726-2942

1. Date incorporated (month/year)	02/15/1984	2. Federal Employer Identification No.	59-2330114	3. Date of Report	02/25/1988																
4. Name(s) of Shareholder(s) (List all)	<table border="1"> <tr> <td>T/D</td> <td>BENDER, CARL J., JR.</td> <td>201 NORTH BUSTIS</td> <td>BUSTIS, FL</td> </tr> <tr> <td>S/D</td> <td>PATRONIC2, CONNIE</td> <td>1700 COUNTRY CLUB RD.</td> <td>BUSTIS, FL</td> </tr> <tr> <td>P/D</td> <td>OLDMAN, DENNIS - Lonnis Strickland</td> <td>40 COVE LAKE 220 E. Main Street</td> <td>BUSTIS, FL Tavares, FL</td> </tr> <tr> <td>V/P/D</td> <td>HIGLEY, BILL Helen De Scipio</td> <td>311 PICCIOLA RD. Rt. 2, Box 232</td> <td>LEESBURG, FL. Umatilla, FL</td> </tr> </table>					T/D	BENDER, CARL J., JR.	201 NORTH BUSTIS	BUSTIS, FL	S/D	PATRONIC2, CONNIE	1700 COUNTRY CLUB RD.	BUSTIS, FL	P/D	OLDMAN, DENNIS - Lonnis Strickland	40 COVE LAKE 220 E. Main Street	BUSTIS, FL Tavares, FL	V/P/D	HIGLEY, BILL Helen De Scipio	311 PICCIOLA RD. Rt. 2, Box 232	LEESBURG, FL. Umatilla, FL
T/D	BENDER, CARL J., JR.	201 NORTH BUSTIS	BUSTIS, FL																		
S/D	PATRONIC2, CONNIE	1700 COUNTRY CLUB RD.	BUSTIS, FL																		
P/D	OLDMAN, DENNIS - Lonnis Strickland	40 COVE LAKE 220 E. Main Street	BUSTIS, FL Tavares, FL																		
V/P/D	HIGLEY, BILL Helen De Scipio	311 PICCIOLA RD. Rt. 2, Box 232	LEESBURG, FL. Umatilla, FL																		

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent
OSBORNE, EBULON L.
812 N BAY ST
BUSTIS, FL 32726

Name and Address of New Registered Agent
Street Address (Do NOT use P.O. Box Number)
Street Address (Do NOT use P.O. Box Number)
City, State and ZIP

9. Pursuant to the provisions of sections 607.134 and 607.137, Florida Statutes, the above named corporation, incorporated in the State of Florida, has elected to file 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 resolution duly adopted by its board of directors or its shareholders, and I hereby accept the appointment as registered agent in accordance with and subject to the obligations of Section 607.135, Florida Statutes.

10. If a foreign corporation, does not have its principal office in Florida.

11. I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 617 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6)

Signature
Connie Patrovics
Typed Name of Signing Officer or Director
Connie Patrovics
The
Secretary

Date
2/2/89
Telephone Number
904-357-3451

12. Should you desire a certificate of status check the box
 CERTIFICATE OF STATUS DESIRED

09 11010100

NO1467

As soon as you know your new address, mail this card to all the people, businesses, and publications who send you mail.
For publications, tape an old address label over name and old address sections and complete new address.

Your Name <i>Inspector of Lake & Water Sec.</i>						
Old Address	No. and Street <i>222 E 4th Ave.</i>		Appt. Suffix	P.O. Box	R.R. No.	P.O. or Box No.
	City <i>Mont Dora Fl.</i>		State	ZIP Code		
New Address	No. and Street <i>P.O. Box 456</i>		Appt. Suffix	P.O. Box	R.R. No.	P.O. or Box No.
	City <i>Mont Dora Fl.</i>		State	ZIP Code		
Sign Here	Signature <i>b. Lewis</i>		Date new address in effect <i>2-89</i>		Account No. (if any)	

PS Form 3578, Apr 1988

RECEIVER: Be sure to return this above new address label at home or office

BK

FILED
1980 FEB 14 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

FD-000108

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAR -8 AM 10:41
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Printed Name of Signer Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N01467 2

ZIP + 4 PRESORT

**HOSPICE OF LAKE AND SUNTER, INC.
C/O ZEBULON L. OSBORNE
812 NORTH BAY STREET
EUSTIS, FL 32726-2942**

If Address in Block 1 is incorrect in any way enter the correct address in the P.O. Box number alone is NOT sufficient. The NAME of the corporation shall not be changed only by filing an amendment.

Street Address #1

P.O. Box No. #2

City and State #3

Zip Code #4

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code.

3. Date incorporated or changed To Do Business in Florida

02/15/1984

4. FEI Number

60-2330114

FEI Number Applied For
FEI Number Not Applied For

5. Name and Street Address of Each Officer and Director (Do not use any corporate title or suffix - own names only - no initials)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT use P.O. Office Box Numbers)	City and State
T/D	BENDER, CARL J., JR. Lillian Cornelius	201 NORTH EUSTIS - 700 N. Central Ave	EUSTIS, FL - Umatilla, FL
S/D	PATROWICZ, CONNIE	1700 COUNTRY CLUB RD.	EUSTIS, FL
P/D	STRICKLAND, LOUISE R.E. Lundy	220 E. MAIN ST. 504 Lemon Street	TAVARES, FL. Eustis, FL
V/P/D	DE SCIPIO, HELEN	RT 2 BOX 232	UMATILLA, FL.

7. Name and Address of Current Registered Agent

**OSBORNE, ZEBULON L.
812 N BAY ST
EUSTIS, FL 32726**

8. Name and Address of New Registered Agent

Name #1

Street Address #1 (Do NOT use P.O. Box Number #2)

Street Address #2 (Do NOT use P.O. Box Number #3)

City and State #4

Zip Code #5

FL

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.025, F.S.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. I 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 effects as if made under oath. I further certify that I am an officer or director of the corporation or the registered or future employment, as applicable, of this report, as required by Chapter 607, F.S.

Signature *Connie Patrowicz*
Typed Name of Signing Officer or Director
Connie Patrowicz

Title
Secretary

Date *5/10/90*
Telephone Number
904 357 3851

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

FILE NOW CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

(9-7-91)

APPROVED
SECRETARY OF STATE
CORPORATIONS DIV
TALLAHASSEE, FL
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #NO1487 (2)**

2. If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

ZIP + 4 PRESORT
HOSPICE OF LAKE AND SUMTER, INC.
P.O. BOX 456
TAVARES, FL 32778-0456

21. Street Address
12300 Lane Park Road

22. P.O. Box No.

23. City and State
Tavares, Florida

24. Zip Code
32778-9660

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

02/15/1984

4. FEI Number

59-2330114

FEI Number Applied For

5. **\$8.75**

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
T/D	CORNELIUS, LILLIAN	700 N. CENTRAL AVENUE	UMATILLA, FL
S/D	PATROWICZ, CONNIE	1700 COUNTRY CLUB RD.	EUSTIS, FL
P/D	LUNDY, R. E.	504 LEMON STREET	EUSTIS, FL
V/P/D	DE SCIPIO, HELEN	RT-8-BOX-282 ----- 37405 Oak Lane	UMATILLA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~ **Connie Patrowicz**
~~XXXXXXXXXX~~ **1700 Country Club Rd.**
~~XXXXXXXXXX~~ **Eustis, FL**

81. Name

82. Street Address 1 (Do NOT Use PO Box Numbers)

83. Street Address 2 (Do NOT Use PO Box Numbers)

84. City

85. Zip Code

FL.

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 607.0505 Florida Statutes.

SIGNATURE *Connie Patrowicz*
(Registered Agent Accepting Appointment)

DATE

5/14/91

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Connie Patrowicz*

DATE

2/8/91

Typed Name of Signing Officer or Director
Connie Patrowicz

Title
Secretary

Telephone Number Daytime
(904) 357-3851

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To Secretary of State \$8.75 Additional Fee required for a Certificate of Status

CR2FDJ411 8A

FILE NO#1 CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 25 1993

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To Secretary of State

1. Name and Mailing Address of Corporation **DOCUMENT #NO1467 (2)**

**HOSPICE OF LAKE AND SUMNER, INC.
12300 LAKE PARK RD
TAVARES FL 32778-9680**

2. Date of Report: 02/15/1993
21. Mailing Address:
22. P.O. Box:
23. City and State: 24. Zip Code:

3. Date of Last Report: 04/02/1991
4. FEI# for year: 59-2330114
5. Filing Fee Applied for: \$61.25
6. Filing Fee for Approval: CERTIFICATE OF STATUS DES REQ

6. Names and Street Addresses of each Officer and Director (Do not use any correction tape or hand to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4. City and State
T/D	CORNELIUS, ELLIAN Alfred C. Haliday, Jr.	700 N. CENTRAL AVENUE 400 Webster Street	UNATILLA, FL Leesburg, FL 34748
S/D	PATROWICZ, CONNIE Rejimbai, Elaine	1700 COUNTRY CLUB RD. 1109 Dora Way	EUSTIS, FL Mount Dora, FL
P/D	LINDY, R. E. Patrowicz, Constance	504 LEMON STREET 1700 Country Club Road	EUSTIS, FL Eustis, FL
V/P/D	DE SCIPTO, HELEN Sennett, Timothy	37405 OAK LAKE 8907 U.S. 441, Ste. 1	UNATILLA, FL Leesburg, FL

205

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
**PATROWICZ, CONNIE
1700 COUNTRY CLUB RD
EUSTIS, FL 32726**

8. Name and Address of Past Registered Agent
81. Name:
82. Street Address:
83. Mailing Address:
84. City:
85. State: FL

9. Pursuant to the provisions of Sections 601.0502 and 607.1506 of the Statutes of the State of Florida, I, the undersigned, do hereby accept the appointment as registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, subject to the provisions of Chapter 612, Florida Statutes, and I hereby accept the appointment as registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, subject to the provisions of Chapter 612, Florida Statutes.

SIGNATURE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for unpaid tax under Section 222, Florida Statutes, in the amount of \$ _____ X

11. I certify that the information indicated on this annual report is supplemental information and does not constitute a change of information made under oath. I further certify that I am an officer or director of the corporation and that I am a resident of the State of Florida, Chapter 612, Florida Statutes, and that I am a resident of the State of Florida, Chapter 612, Florida Statutes.

SIGNATURE Constance C. Patrowicz 4/15/92
Typed Name of Signing Officer or Director: **Constance Patrowicz**
Title: **President**
Filing Office: **904 357-3851**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the appropriate box and attach a check for \$ _____

File Now. Filing Fee after May 1 is \$225.00

APPROVED
 RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE
 FLORIDA

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



Document # NO1467 (2)

HOSPICE OF LAKE AND SUMTER, INC.
 12300 LANE PARK RD
 TAVARES FL 32778-9660

3. Effective Date of Last Report: 02/15/1984

4. Filing Year: 592330114

5. Certificate Number: \$6.75

6. Fee: \$5.00 May Be Added to Fees

7. New Certificate Required: \$138.75 Supplemental Fee Not Required

8. Certificate Status:

9. Name and Address of Current Registered Agent

36. Effective Date of Report: 02/25/1992

37. Filing Year: 592330114

38. Certificate Number: \$6.75

39. Fee: \$5.00 May Be Added to Fees

40. New Certificate Required: \$138.75 Supplemental Fee Not Required

41. Certificate Status:

10. Name and Address of New Registered Agent

11. Name and Address of Current Registered Agent

PATROWICZ, CONNIE
 1700 COUNTRY CLUB RD.
 EUSTIS FL 32726

81. Name

82. Street Address

83.

84. City

85. State: FL

86. Zip

I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the individual or partnership named herein.

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
1. NAME	T/D HOLIDAY, JR., ALFRED C. 400 WEBSTER ST. LEESBURG FL	1. NAME	
2. ADDRESS		2. ADDRESS	
3. CITY		3. CITY	
4. STATE		4. STATE	
5. ZIP		5. ZIP	
6. NAME	S/D REYNOLDS, ELAINE 1700 DORA WAY MT. DORA FL	6. NAME	
7. ADDRESS		7. ADDRESS	
8. CITY		8. CITY	
9. STATE		9. STATE	
10. ZIP		10. ZIP	
11. NAME	P/D PATROWICZ, CONSTANCE 1700 COUNTRY CLUB RD. EUSTIS FL	11. NAME	
12. ADDRESS		12. ADDRESS	
13. CITY		13. CITY	
14. STATE		14. STATE	
15. ZIP		15. ZIP	
16. NAME	V/D SENNETT, TIMOTHY 8907 U.S. 441, STE. 1 LEESBURG FL	16. NAME	
17. ADDRESS		17. ADDRESS	
18. CITY		18. CITY	
19. STATE		19. STATE	
20. ZIP		20. ZIP	

14. I certify that the information furnished on this certificate report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the individual or partnership named herein.

SIGNATURE: Constance C. Patrowicz
 Title: President

Date: 2-22-93
 Phone: (904) 343-1341

LE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Siver
Secretary of State
DIVISION OF CORPORATIONS

Entity Name
OFFICE OF LAKE AND SWATER, INC.

DOCUMENT #
N01487 (2)

Entity Address
**2300 LAKE PARK RD
DAWSON, FL 32778-0880**

Principal Place of Business
**12300 LAKE PARK RD
TAVARES, FL 32778-0880**

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Dissolution 02/15/1984 03/08/1993	
2. Filing Address 25 26 27	3. FCI Number 50-2330114
4. State of Incorporation 28 29 30	5. Nonprofit Exempt from \$175 Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. The corporation has liability for franchise tax under § 222.012, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**PATROWICZ, CONNIE
1700 COUNTRY CLUB RD.
EUSTIS FL 32728**

10. Name and Address of New Registered Agent
 a1. Name **TIMOTHY SENNETT**
 a2. Street Address **P.O. Box 491357, STE. 1
8907 U.S. 441, STE. 1**
 a3. **LEESBURG, FL 34749-1308**
 a4. **FL**

I, the undersigned, being the authorized signatory of the above-named corporation, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the incorporation of corporations and the filing of annual reports thereon.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
NAME	T/D HALIDAY, JR., ALFRED C. 400 WEBSTER ST. LEESBURG FL	NAME	P/D Sennett, Timothy 8907 U.S. 441, Suite 1 Leesburg, FL
NAME	S/D RENNAL, EDNA 1188 DORA WAY MT. DORA FL	NAME	S/D Lundy, R. E. 504 Lemon Street Eustis, FL
NAME	P/D PATROWICZ, CONSTANCE 1700 COUNTRY CLUB RD. EUSTIS FL	NAME	V/D Haliday, Jr. Alfred C. 400 Webster St. Leesburg, FL
NAME	V/D SENNETT, TIMOTHY 8907 U.S. 441, STE. 1 LEESBURG FL	NAME	T/D Fogle, Albert P.O. Box 120516 N/A Clermont, FL
NAME		NAME	Connie Patrowicz 1700 Country Club Road Eustis, FL 32726
NAME		NAME	At Large Fred Morris P.O. Box 491357 N/A Leesburg, FL 34749-1357

SIGNATURE: 4/26/94 897-845-1357

NDI467

Stacy Berckes, M.D.
4 North Eustis Street
Eustis, FL 32726

Elaine Rejimbai
2001 Kurt St
Eustis, FL 32726

Dr. Jerry Smith
30721 Glenn Drive
Tavares, FL 32778

Alice Johnson
P.O. Box 490206
Leesburg, FL 34749

Helen DeScipio
37405 Oak Lane
Umatilla, FL 32786

Scott Hindman
P.O. Box 490690
Leesburg, FL 34749

FOUNDATION BOARD REPRESENTATIVES

Wayne Bailey
15930 N. Hwy 441
Eustis, FL 32726

MEDICAL DIRECTOR

Robert Purdon, M.D.
100 E. Hazzard ST.
Eustis, FL 32726

Andrea Burr
428-A N. Donnelly St
Mt. Dora, FL 32757

Shirley Sennett
P.O. Box 120516
Fruitland Park, FL 32731

George Bates
37430 Oak Lane
Umatilla, FL 32748

Dennis Oldham
403 Waterwood Drive
Yalaha, FL 34797-3171

Roger Beyers
1123 W. Main St.
Leesburg, FL 34748

Anita Simpson
445 Limit Ave
Mt. Dora, FL 32757

BOARD ATTORNEY

Sandy Minkoff
226 W. Al red St.
Tavares, FL 32778

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:30

DOCUMENT # **N01467** (2)

HOSPICE OF LAKE AND SUMTER, INC.

1. Principal Place of Business 12300 LAKE PARK RD TAMPA FL 32778-0862		2a. Mailing Address 12300 LAKE PARK RD TAVARES FL 32778-0860		3. Date of Incorporation 02/15/1984		3a. Date of Last Report 05/20/1994	
2. Principal Place of Business Suite Apt # etc		2a. Mailing Address Suite Apt # etc		4. FEI Number 59-2330114		Account For Not Applicable	
2. Principal Place of Business City & State		2a. Mailing Address City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election to S Corporations <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business Zip		2a. Mailing Address Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>		7. Supplemental Fee Not Required \$68.75	
2. Principal Place of Business Country		2a. Mailing Address Country		8. This corporation has liability for change tax under S 199 (C)? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SENNETT, TIMOTHY 8807 US 441, SUITE 1 LEESBURG FL 34748				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		86 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the record-keeping requirements of Section 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: 3/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	PD
NAME	SENNETT, TIMOTHY	12 NAME	SENNETT, TIMOTHY
STREET ADDRESS	8807 US 441 STE. 1	13 STREET ADDRESS	PO BOX 490206 NA
CITY-ST-ZIP	LEESBURG FL	14 CITY-ST-ZIP	LEESBURG, FL 34749-1308
TITLE	SD	21 TITLE	SD
NAME	LUNDY, R.E.	22 NAME	MORRISON, FRED
STREET ADDRESS	504 LEMON STREET	23 STREET ADDRESS	PO BOX 491357 NA
CITY-ST-ZIP	EUSTIS FL	24 CITY-ST-ZIP	LEESBURG, FL 34749-1357
TITLE	VD	31 TITLE	VD
NAME	HALIDAY JR., ALFRED G.	32 NAME	HALIDAY JR., ALFRED C.
STREET ADDRESS	400 WEBSTER ST.	33 STREET ADDRESS	400 WEBSTER ST
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	TD	41 TITLE	TD
NAME	FOGLE, ALBERT	42 NAME	RINDMAN, SCOTT
STREET ADDRESS	P.O. BOX 128516 N/A	43 STREET ADDRESS	700 BOYLESTON ST
CITY-ST-ZIP	CLERMONT FL	44 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D	51 TITLE	D
NAME	PATROWICZ, CONNIE	52 NAME	PATROWICZ, CONNIE
STREET ADDRESS	1709 COUNTRY CLUB ROAD	53 STREET ADDRESS	1709 COUNTRY CLUB ROAD
CITY-ST-ZIP	EUSTIS FL	54 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D	61 TITLE	D
NAME	MORRISON, FRED	62 NAME	LUNDY, R.E.
STREET ADDRESS	P.O. BOX 491357 N/A	63 STREET ADDRESS	504 LEMON STREET
CITY-ST-ZIP	LEESBURG FL	64 CITY-ST-ZIP	EUSTIS, FL 32726

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 119.072(4), Florida Statutes. I further certify that the information indicates I on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if there is no 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 607, Florida Statutes, and that my name as shown in Block 12 or Block 13 is changed or corrected accordingly with an address.

SIGNATURE: _____ DATE: 3/20/95

FORMAT: PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 4/67

HOSPICE OF LIFE & SUNTER, INC.
BOARD OF DIRECTORS

GEORGE BATES
37430 Oak Lane
Umatilla, FL 32784 (h) 357-5461

ALICE JOHNSON
P O Box 490206 N/A
Leesburg, FL 34749 (h) 787-5002

HELEN DeSCIPIO
37405 Oak Lane
Umatilla, FL 32784 (h) 357-4873

ROGER BEYERS
1123 West Main Street
Leesburg, FL 34748 (w) 787-6347
FAX 787-4674

STACY BERCKES, M.D.
111 Waterman Avenue
Mount Dora, FL 32757 F 3711
(v) 13
(h) 13

ANDREA BURR
408 N. Tremain
Mount Dora, FL 32757 Fax 385-8559
(w) 383-8505

ALBERT FOGLE
P O Box 120516 N/A
Clermont, FL 34712-0516 (h) 394-0292
(w) 394-6146

ELAINE REJIMBAL
Vo-Tech
2001 Kurt Street
Eustis, FL 32726 (w) 742-6486 #134
(h) 383-5779

WILLIAM BINNEVELD
Vice President Senior Trust
PO Box 490047 N/A
Leesburg, FL 34749-0047 FAX 326-4731
(w) 787-5100

WAYNE BAILEY (Foundation President)
Dean Witter Reynolds
15930 N. Hwy. 441
Eustis, FL 32726 (w) 483-5912

JOB HOLMES (Foundation Vice President)
Sunbank
200 E. Fifth Ave.
Mount Dora, FL 32757 (w) 326-4601