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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO6783 (7)
 1. Corporation Name
HALIFAX HOSPICE, INC.

Principal Place of Business	Mailing Address
c/o William J. Griffin 655 N. Clyde Morris Blvd. Daytona Beach, FL 32114	c/o William J. Griffin 655 N. Clyde Morris Blvd. Daytona Beach, FL 32114

2. Principal Place of Business	2a. Mailing Address
21 3800 Woodbriar Trail	26 303 N. Clyde Morris Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Attn: General Counsel
City & State	City & State
23 Port Orange, FL	28 Daytona Beach, FL
Zip	Zip
24 32119	29 32114-2709
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/21/1984	01/31/96
4. FEI Number	Applied For
59-2661284	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIDSON, DAVID J. 303 N. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. SEE ATTACHED OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLEY, DEBORAH	1.2 NAME	
STREET ADDRESS	3800 WOODBRIAR TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM J.	2.2 NAME	
STREET ADDRESS	6193 SHORELINE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSIS, GEORGE	3.2 NAME	STD ROUSIS, GEORGE
STREET ADDRESS	701 ICHABOD COURT	3.3 STREET ADDRESS	104 S. BEACH STREET
CITY-ST-ZIP	PORT ORANGE, FL 32119	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DOUG	4.2 NAME	200002170412
STREET ADDRESS	901 6th STREET	4.3 STREET ADDRESS	-05/08/97--01001--063
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	4.4 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, EDWIN JR.	5.2 NAME	PECK, EDWIN W., Jr.
STREET ADDRESS	2425 S. ATLANTIC AVE.	5.3 STREET ADDRESS	2425 S. ATLANTIC AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMEIER, SALLY	6.2 NAME	
STREET ADDRESS	81 WILDWOOD AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	6.4 CITY-ST-ZIP	

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: *George Rousis* George Rousis 4-21-97 904-254-4278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

CORPORATION ANNUAL REPORT - 1997

HALIFAX HOSPICE, INC.

ADDENDUM TO SECTION 12

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO SEC. 12		CHANGE/ ADDITION
TITLE	D		TITLE		
NAME	Kerman, Herbert MD		NAME		
ADDRESS	2616 S. Peninsula Dr.		ADDRESS		
CITY/ST/ZIP	Daytona Beach, Fl 32118		CITY/ST/ZIP		
TITLE	D	Delete	TITLE	D	Addition
NAME	Miller, Fred		NAME	Jim Foster	
ADDRESS	525 Fentress Blvd.		ADDRESS	401 Palmetto Street	
CITY/ST/ZIP	Daytona Beach, FL 32114		CITY/ST/ZIP	New Smyrna Beach, FL 32168	
TITLE	D		TITLE		
NAME	Leonard, Al		NAME		
ADDRESS	55 Fairway Circle		ADDRESS		
CITY/ST/ZIP	New Smyrna Beach, FL		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Thompson, Herbert		NAME		
ADDRESS	1312 Golfview Drive		ADDRESS		
CITY/ST/ZIP	Daytona Beach, FL 32114		CITY/ST/ZIP		
TITLE	D		TITLE	CD	Change
NAME	Snell, Gregg		NAME		
ADDRESS	3570 Oceanside Blvd.		ADDRESS		
CITY/ST/ZIP	Ormond Beach, FL 32174		CITY/ST/ZIP		
TITLE	D		TITLE		
NAME	Klein, Bettie		NAME		
ADDRESS	14 Krazy Horse Drive		ADDRESS		
CITY/ST/ZIP	Palm Coast, FL		CITY/ST/ZIP		