

FILE NOW: FILING FEE IS \$61.25

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Mar 25 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 # N15463 (5)
 1. Corporation Name
HOSPICE OF OKEECHOBEE, INCORPORATED



Principal Place of Business 411 SE 4TH ST. P. O. BOX 1548-34973 OKEECHOBEE FL 34974	Mailing Address 411 SE 4TH ST. P. O. BOX 1548-34973 OKEECHOBEE FL 34974-4437
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3. Date Incorporated or Qualified 06/14/1986	3a. Date of Last Report 04/01/1996
4. FEI Number 59-2831397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**BUXTON, PAUL M.
110 NE 5TH ST.
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Paul M. Buxton* Paul M. Buxton 2-27-97
Signature: typed or printed name of Reg. Sec'd agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOOVER, ROBERT		1.2 NAME Culbreth, Marie	
STREET ADDRESS 421 NW 3RD ST.		1.3 STREET ADDRESS P.O. Box 848 3550 US 441 South	
CITY-ST-ZIP OKEECHOBEE FL 34972		1.4 CITY-ST-ZIP Okeechobee, FL 34973 34974	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SYFRETT, FRAN		2.2 NAME Paulson, Randy	
STREET ADDRESS 16505 NW 20TH ST.		2.3 STREET ADDRESS 2386 SE 27th Avenue	
CITY-ST-ZIP OKEECHOBEE FL 34972		2.4 CITY-ST-ZIP Okeechobee, FL 34974	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BULGER, DOROTHY		3.2 NAME Akhtar, Vaseem	
STREET ADDRESS 503 SE 8TH DRIVE		3.3 STREET ADDRESS 309 NW 5th Street	
CITY-ST-ZIP OKEECHOBEE FL 34974		3.4 CITY-ST-ZIP Okeechobee, FL 34972	
TITLE X P	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME CONNER, BURTON		4.2 NAME	
STREET ADDRESS 301 NW 5TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL 34972		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMESH KUMAR, RAMESH		5.2 NAME	
STREET ADDRESS 301 NE 195TH DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL 34972		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAWN, NANCY		6.2 NAME	
STREET ADDRESS 1910 SW 9TH AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL 34974		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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* February 27, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071433

CR2E037 (9/96)