

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N21897 (6)
 1. Corporation Name
THE HOSPICE FOUNDATION OF SOUTHWEST FLORIDA, INC



Principal Place of Business Mailing Address
%WARD E. DAHLGREN
1750 RINGLING BLVD.
SARASOTA FL 34236

3. Date Incorporated or Qualified **08/05/1987** 3a. Date of Last Report **03/13/1995**
 4. FEI Number **65-0044013** Applied For
 Not Applicable
 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

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 24. Country 25. Zip 29. Country 30.

9. Name and Address of Current Registered Agent
DAHLGREN, WARD E.
1750 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, RICHARD	1.2 NAME	
STREET ADDRESS	1770 WOOD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPATY, ZOLTAN	2.2 NAME	
STREET ADDRESS	5300 AVENUE DEL MARE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEDGE, JOHN	3.2 NAME	
STREET ADDRESS	711 MANGROVE POINT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTT, ALICE	4.2 NAME	
STREET ADDRESS	6269 MIDNIGHT PASS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	VCT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, DAVID	5.2 NAME	
STREET ADDRESS	5361 DOMINICA CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, RICHARD	1.2 NAME	
STREET ADDRESS	1770 WOOD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPATY, ZOLTAN	2.2 NAME	
STREET ADDRESS	5300 AVENUE DEL MARE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	TT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEDGE, JOHN	3.2 NAME	
STREET ADDRESS	711 MANGROVE POINT ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTT, ALICE	4.2 NAME	
STREET ADDRESS	6269 MIDNIGHT PASS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	VCT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, DAVID	5.2 NAME	
STREET ADDRESS	5361 DOMINICA CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Zoltan A. Karpaty 16 July '96 (94) 955-4483
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)