SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -3 AM 9:13
TALLAHASSEE, FLORIDA

DOCUMENT # N29185 **(8)**

1. Corporation Name

ACADEMY OF HOSPICE PHYSICIANS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
500 DR M L KING STR NO STE. 200 ST. PETERSBURG FL 33705 US	500 DR M L KING STR NO STE. 200 ST. PETERSBURG FL 33705 US

3. Date Incorporated or Qualified: 11/08/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2918299 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 408 W. University Ave	26 P. O. Box 14288		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 GAINESVILLE FL	City & State 28 GAINESVILLE, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
Zip / Country 24 32601 / 25 USA	Zip / Country 29 32604-2288 / 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CYR, ANGELA V., ED.D 3985 106TH AVENUE CLEARWATER FL 34622	31 Name: DALE C. SMITH 32 Street Address (P.O. Box Number is Not Acceptable): 2101 N.W. 20TH STREET 33 34 City: GAINESVILLE FL 35 Zip Code: 32605

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: [signature] 6/10/95
Signature, typed or printed name of registered 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	TD	11 TITLE	P/D	☐ Change ☒ Addition
NAME	FORMAN, WALTER B	12 NAME	SASSER, CHARLES, G	
STREET ADDRESS	2100 RIDGECREST DR SE	13 STREET ADDRESS	8002 MYRTLE TEAL DRIVE	
CITY-ST-ZIP	ALBUQUERQUE NM	14 CITY-ST-ZIP	CONWAY SC 29526	
TITLE	PD	21 TITLE	V-P/D	☐ Change ☒ Addition
NAME	HOLMAN, GERALD M	22 NAME	HERBST, CAUZEL, H	
STREET ADDRESS	6010 AMARILLO BLVD., W.	23 STREET ADDRESS	4311 3rd Avenue	
CITY-ST-ZIP	AMARILLO TX	24 CITY-ST-ZIP	SAN DIEGO, CA 92103	
TITLE	D	31 TITLE	S/D	☒ Change ☐ Addition
NAME	BILLINGS, J A	32 NAME	BYOCK, IRA R	
STREET ADDRESS	78 LAKEVIEW AVE	33 STREET ADDRESS	341 UNIVERSITY AVE	
CITY-ST-ZIP	CAMBRIDGE MA	34 CITY-ST-ZIP	MISSOULA MT 59801	
TITLE	SD	41 TITLE	T/D	☐ Change ☐ Addition
NAME	MILLER, ROBERT, J, MD	42 NAME	FORMAN, WALTER D	
STREET ADDRESS	1301 5TH AVE NO	43 STREET ADDRESS	2100 Ridgecrest Dr. SE	
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VD	51 TITLE	ED	☐ Change ☒ Addition
NAME	PRIMONO, MARIAN, MD	52 NAME	SMITH, DALE C.	
STREET ADDRESS	100 EL PRADO DR W #203	53 STREET ADDRESS	2101 NW 20TH ST	
CITY-ST-ZIP	SAN ANTONIO TX	54 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BYOCK, IRA R	62 NAME		
STREET ADDRESS	341 UNIVERSITY AVE	63 STREET ADDRESS		
CITY-ST-ZIP	MISSOULA MT	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: [signature] DALE C. SMITH 7/26/95 904-377-8900
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013470