FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N29185** **(8)**

1. Corporation Name

ACADEMY OF HOSPICE PHYSICIANS, INC.

Principal Place of Business	Mailing Address
408 W. UNIVERSITY AVENUE GAINESVILLE FL 32601 US	P. O. BOX 14288 GAINESVILLE FL 32604-2288 US

3. Date Incorporated or Qualified: 11/08/1988	3a. Date of Last Report: 08/03/1995
4. FEI Number: 59-2918299	☐ 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	26
22 Suite, Apt. #, etc.: Suite 601	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, DAVE C.
2101 NW 20TH STREET
GAINESVILLE FL 32605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SASSER, CHARLES G		1.2 NAME		
STREET ADDRESS	8002 MYRTLE TRACE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CONWAY SC		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERBERT, LAUREL H.		2.2 NAME	HERBST, LAUREL H.	
STREET ADDRESS	4311 3RD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BYOCK, IRA R		3.2 NAME		
STREET ADDRESS	341 UNIVERSITY AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MISSOULA MT		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORMAN, WALTER B.		4.2 NAME		
STREET ADDRESS	2100 RIGECREST DR SE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITY, DALE C.		5.2 NAME		
STREET ADDRESS	2101 NW 20TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	BYOCK, IRA R		6.2 NAME	Michael H. Levy [redacted]	
STREET ADDRESS	341 UNIVERSITY AVE		6.3 STREET ADDRESS	7701 Burholme Ave	
CITY-ST-ZIP	MISSOULA MT		6.4 CITY-ST-ZIP	Philadelphia, PA 19111	

CR2E037 (12/95)

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: _____ DALE C. SMITH 11/8/96 352-377-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #