

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

06-09-2000 90003 002 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000007332

1. Entity Name
 Hospice of the Emerald Coast

Principal Place of Business: 700 West 23rd Street, Panama City, Florida 32405
 Mailing Address: Post Office Box 1520, Lynn Haven, Florida 32444

2. Principal Place of Business: 700 W. 23rd St., Suite 59, Panama City, FL 32405
 3. Mailing Address: P.O. Box 1520, Suite, Apt. #, etc. N/A, Lynn Haven, FL 32444-4611

4. FEI Number: Applied For, Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Bennie Sue Nelson
 2929 Highway 77 North
 Panama City, FL 32405

7. Name and Address of New Registered Agent
 Name: Donna Mezzanotte
 Street Address (P.O. Box Number is Not Acceptable): 700 W. 23rd Street - Suite 59
 City: Panama City, FL 32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Bennie Sue Nelson* (Signature of registered agent and title if applicable)
 SIGNATURE: *Donna Mezzanotte* (NOTE: Registered Agent signature required when reinstating)
 DATE: 6/26/00
 DATE: May 15, 2000

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

FILE NOW FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO "D" Ray L. Shrout 700 W. 23rd Street Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Catherine A. Segelman "D" 700 W. 23rd St. Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Donna Mezzanotte "T" 700 W. 23rd Street Panama City, FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Paul Richardson "D" 700 W. 23rd Street Panama City, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray L. Shrout (Signature and typed name of signing officer or director)
 Date: May 15, 2000
 Daytime Phone #

CR2E037 (9/99)