

1-28-97 B-0925 C
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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000078107 (5)
 1. Corporation Name
HOSPICARE, INC.



Principal Place of Business: **125 WEST ROMANA STREET SUITE 400 PENSACOLA FL 32501**

Mailing Address: **125 WEST ROMANA STREET SUITE 400 PENSACOLA FL 32501-5847**

2. Principal Place of Business
 21 **240 EISENHOWER DR.**
 State, Apt. #, etc.
 22 **SUITE C-13**
 City & State
 23 **DIXON, MS**
 Zip Country
 24 **39531 USA**

2a. Mailing Address
 26
 Suite, Apt. # etc.
 27
 City & State
 28
 Zip Country
 29
 30

3. Date Incorporated or Qualified: **09/19/1996**

3a. Date of Last Report

4. FEI Number: **59-3406505**

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

9. Name and Address of Current Registered Agent
BELL, SCOTT J
125 WEST ROMANA STREET
SUITE 400
PENSACOLA FL 32501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **BELL, SCOTT J**

STREET ADDRESS: **125 WEST ROMANA STREET SUITE 400**

CITY - ST - ZIP: **PENSACOLA FL 32501**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE: **P** Change Addition

1 2 NAME: **BELL, SCOTT J.**

1 3 STREET ADDRESS: **125 W. ROMANA ST, STE 400**

1 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

2 1 TITLE: **VP** Change Addition

2 2 NAME: **TREHERN, W. EDWARD**

2 3 STREET ADDRESS: **125 W. ROMANA ST STE 400**

2 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

3 1 TITLE: **S** Change Addition

3 2 NAME: **FOSTER, DANA P.**

3 3 STREET ADDRESS: **125 W. ROMANA ST STE 400**

3 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

4 1 TITLE: **T** Change Addition

4 2 NAME: **TOLAN, JOHN J. JR**

4 3 STREET ADDRESS: **125 W. ROMANA ST STE 400**

4 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

5 1 TITLE: **D** Change Addition

5 2 NAME: **WILLIAMS, ROY C.**

5 3 STREET ADDRESS: **125 W. ROMANA ST STE 400**

5 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

6 1 TITLE: **D** Change Addition

6 2 NAME: **HOLLOWAY, J.L.**

6 3 STREET ADDRESS: **125 W. ROMANA ST STE 400**

6 4 CITY - ST - ZIP: **PENSACOLA, FL 32501**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/15/97** PHONE: **904-432-0650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)