

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90066 035 \*\*\*158.75

0031412

**DOCUMENT # P96000078107**

1. Entity Name  
**HOSPICARE, INC.**

Principal Place of Business <b>240 EISENHOWER DR          STE C-13          BILOXI MS 39531          US</b>	Mailing Address <b>125 WEST ROMANA STREET          SUITE 400          PENSACOLA FL 32501</b>
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**U0011316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3406505</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BELL, SCOTT J  
 125 WEST ROMANA STREET  
 SUITE 400  
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BELL, SCOTT J</b> <b>125 WEST ROMANA STREET SUITE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>St. Pe, Gerald</b> <b>125 W. Romana St, Suite 400</b> <b>Pensacola, FL 32501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TREHERN, W. EDWARD</b> <b>125 W ROMANA ST, STE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FOSTER, DANA R</b> <b>125 W ROMANA ST, STE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TOLAN, JOHN J. JR</b> <b>125 W ROMANA ST, STE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, ROY C</b> <b>125 W ROMANA ST, STE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLOWAY, J.L.</b> <b>125 W ROMANA ST, STE 400</b> <b>PENSACOLA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott J. Bell* SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 1/31/01 Daytime Phone #: 850-432-0650

CR2E034 (10/00)