


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90015 021 \*\*\*158.75

**DOCUMENT # P96000078107**

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



Principal Place of Business  
**546 MERGE AVENUE**  
**PASS CHRISTIAN, MS 39571 US**

Mailing Address  
**2 N PALAFOX STREET**  
**PENSACOLA, FL 32504**


2. Principal Place of Business  
**merge**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country **32502** Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3406505**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCRORY, SONDR**  
**2 N PALAFOX STREET**  
**PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code **32502**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BELL, SCOTT J	2 N PALAFOX STREET	PENSACOLA, FL 32504	<input type="checkbox"/>
VP	TREHERN, W. EDWARD	2 N PALAFOX STREET	PENSACOLA, FL 32507	<input type="checkbox"/>
S	FOSTER, DANA R	2 N PALAFOX STREET	PENSACOLA, FL 32504	<input type="checkbox"/>
T	TOLAN, JOHN J. JR	2 N PALAFOX STREET	PENSACOLA, FL 32507	<input type="checkbox"/>
D	WILLIAMS, ROY C	2 N PALAFOX STREET	PENSACOLA, FL 32504	<input type="checkbox"/>
D	HOLLOWAY, J.L.	2 N PALAFOX STREET	PENSACOLA, FL 32507	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			32502	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 607, 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: Scott J. Bell 1/12/04 850-420-0187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #