


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90053 016 ***158.75

DOCUMENT # P96000078107

1. Entity Name
 HOSPICARE, INC.



Principal Place of Business: ~~546 MENGE AVENUE~~
 PASS CHRISTIAN, MS 39571 US

Mailing Address: 2 N PALAFOX STREET
 PENSACOLA, FL 32502

40008785

2. Principal Place of Business: 2 N. Palafox St.

3. Mailing Address: Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State: Pensacola, FL

City & State: Pensacola, FL

Zip: 32502 Country: Escambia

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 32502

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TREHERN, W. EDWARD	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOSTER, DANA R	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOLAN, JOHN J. JR	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROY C	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, J.L.	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32502	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/21/05 Daytime Phone #: 850-430-0187