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Feb 27 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 # V35972

(1)

1. Corporation Name
HOSPICE, INC.



Principal Place of Business

ATTN: LEGAL DEPARTMENT
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131

Mailing Address

ATTN: LEGAL DEPARTMENT
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131-2029

3. Date Incorporated or Qualified
05/14/1992

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0160635

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature of person performing act of registration (if different from filer) (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME WESTBROOK, HUGH A
STREET ADDRESS 100 S BISCAYNE BLVD., SUITE 1500
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE E
NAME NEVIN, RICHARD I. JR
STREET ADDRESS 100 S BISCAYNE BLVD., SUITE 1500
CITY-STATE-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME COLLIFLOWER, ESTHER T
STREET ADDRESS 100 S BISCAYNE BLVD. STE 1500
CITY-STATE-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME WILLIAMS, J. R
STREET ADDRESS 100 S BISCAYNE BLVD., STE 1500
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE VTAS
NAME OHLENDORF, MARK
STREET ADDRESS 100 S BISCAYNE BLVD., STE 1500
CITY-STATE-ZIP MIAMI FL ☐ DELETE

TITLE S
NAME STERLING, MARK A
STREET ADDRESS 100 S BISCAYNE BLVD., STE 1500
CITY-STATE-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME Kathryn A. Christmann
1.3 STREET ADDRESS 100 S. Biscayne Boulevard, Suite 1500
1.4 CITY-STATE-ZIP Miami, Florida 33131

2.1 TITLE AS ☐ Change ☒ Addition
2.2 NAME Peter H. Harris
2.3 STREET ADDRESS 100 S. Biscayne Boulevard, Suite 1500
2.4 CITY-STATE-ZIP Miami, Florida 33131

3.1 TITLE Senior VP ☐ Change ☒ Addition
3.2 NAME Thomas E. Combs
3.3 STREET ADDRESS 100 S. Biscayne Boulevard, Suite 1500
3.4 CITY-STATE-ZIP Miami, Florida 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)