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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002712

1. Corporation Name

HOSPICE HOLDINGS, INC.

Principal Place of Business

12107 MAJESTIC BLVD.
HUDSON FL 34667

Mailing Address

12107 MAJESTIC BLVD.
HUDSON FL 34667



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number
59-3467283

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

9. Name and Address of Current Registered Agent

TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME LOONEY, JEAN
STREET ADDRESS 7425 CANDLELIGHT COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE VP ☐ DELETE
NAME GRUEBEL, KENNETH
STREET ADDRESS 7922 ST RD 42
CITY-ST-ZIP HUDSON FL 34667

TITLE S ☐ DELETE
NAME FULLER, STEPHANIE
STREET ADDRESS 10531 FARNAM CT
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☐ DELETE
NAME CAWLEY, JAY
STREET ADDRESS 8105 ROXBORO DR
CITY-ST-ZIP HUDSON FL 34667

TITLE ED ☐ DELETE
NAME TAYLOR, RODNEY S
STREET ADDRESS 12107 MAJESTIC BLVD
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ DELETE
NAME NILL, CARL
STREET ADDRESS 10815 LOS SANTOS DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME FLECK, PATRICIA
1.3 STREET ADDRESS 5466 Spring Hill Drive
1.4 CITY-ST-ZIP Spring Hill, FL 34606

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99

727-823-7971

CR2E037 (1/98)