

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760881

**FILED**  
**Jan 30, 2013**  
**Secretary of State**  
**CC4661258479**

**Entity Name:** HOSPICE OF MARION COUNTY, INC.

**Current Principal Place of Business:**

3231 SW 34TH AVE  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 4860  
OCALA, FL 34478-4860 US

**FEI Number: 59-2214796**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POE, MARY E  
3231 SW 34TH AVENUE  
OCALA, FL 34474 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN ELECT  
Name DALEY, KENNETH W  
Address 825 SE 69TH PLACE  
City-State-Zip: Ocala FL 34480

Title CFO  
Name KNOX, MICHAEL A  
Address 3231 SW 34TH AVENUE  
City-State-Zip: Ocala FL 34474

Title COO  
Name WATTS, ALICE D  
Address 3231 SW 34TH AVENUE  
City-State-Zip: Ocala FL 34474

Title CHAIRMAN  
Name ALVEY, CAROL D  
Address 723 SE 24TH TERRACE  
City-State-Zip: Ocala FL 34471

Title CEO  
Name POE, MARY E  
Address 3231 SW 34TH AVENUE  
City-State-Zip: Ocala FL 34474

Title TREASURER  
Name BRUNSON, DREXEL T  
Address 4818 SE 10TH PLACE  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY ELLEN POE**

**CEO**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date