

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760881

**FILED  
Mar 27, 2018  
Secretary of State  
CC8530707928**

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

Title PAST CHAIRMAN  
Name MCMAHON, GRANT  
Address 2403 SE 17TH STREET  
SUITE 501  
City-State-Zip: Ocala FL 34471

Title CFO  
Name BEECHER, KATHRYN A  
Address 3231 SW 34TH AVE  
City-State-Zip: Ocala FL 34474

Title CHAIRMAN  
Name HOLDER, DIANA  
Address 1635 SW 1ST AVE  
City-State-Zip: Ocala FL 34471

Title TREASURER  
Name DALEY, KENNETH W.  
Address 825 SE 69TH PL  
City-State-Zip: Ocala FL 34480

Title SECRETARY  
Name RAMSAMMY, JILLIAN  
Address 3650 SW 177TH LANE ROAD  
City-State-Zip: Ocala FL 34473

*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**

**03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date