

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760881

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:

BOURNE, RICHARD 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: RICHARD BOURNE

04/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO	Title	CFO
Name	BOURNE, RICHARD E	Name	BEECHER, KATHRYN A
Address	3231 SW 34TH AVENUE	Address	3231 SW 34TH AVE
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474
Title	CHAIRMAN	Title	PAST CHAIRMAN
Name	HILTY, JAMES SR.	Name	DALEY, KENNETH
Address	1906 SE CLATTERBRIDGE RD.	Address	4281 SE CTR AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34480

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: RICHARD E. BOURNE

CEO

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date