

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760881

**FILED  
Mar 01, 2017  
Secretary of State  
CC6105974380**

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

Title            TREASURER  
Name            CZURYLA, WALT  
Address        10762 SE US HWY 441  
City-State-Zip: BELLEVIEW FL 34420

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

Title            SECRETARY  
Name            STONE, MICHELLE  
Address        601 SE 25TH AVE.  
City-State-Zip: Ocala FL 34482

*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**

**03/01/2017**

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

\_\_\_\_\_  
Date