FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 10:00

DOCUMENT # **738762** **(4)**

1. Corporation Name
HOSPICE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
2500 MAITLAND CENTER PARKWAY, SUITE 300 MAITLAND FL 32751-4267	2500 MAITLAND CENTER PARKWAY, SUITE 300 MAITLAND FL 32751-4267

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1977
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1791345 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

F & L CORP
200 LAURA ST
JACKSONVILLE FL 32201

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS (Attachment #1)		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		XX Change ☐ Addition
NAME	AMIDON, WILLIAM R	1.2 NAME		
STREET ADDRESS	1431 CRESCENT LAKE DR	1.3 STREET ADDRESS	P. O. Box 1009 "N/A"	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP		
TITLE	PCD	2.1 TITLE	D	XX Change ☐ Addition
NAME	COWHERD, JEFFREY B	2.2 NAME		
STREET ADDRESS	2315 EDGEWATER DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		XX Change ☐ Addition
NAME	ILES, WILLIAM	3.2 NAME		
STREET ADDRESS	601 E ROLLINS AVE.	3.3 STREET ADDRESS	112 Durham Place	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Longwood, Florida 32779	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, C. DAVID	4.2 NAME		
STREET ADDRESS	8323 SAND LAKE RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SNEED, JACQUELINE	5.2 NAME		
STREET ADDRESS	1019 SEVILLE PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WIGMORE, MARY ANN	6.2 NAME		
STREET ADDRESS	4448 TIDEWATER DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Brenda K. Horne — 4/10/95 — 407/875-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1700

738762

Attachment #1

OFFICERS & DIRECTORS	TITLE	ADDRESS	CITY & STATE
Arkin, J. Gordon	C/D	111 N. Orange Avenue	Orlando, FL
McEachron, Andrew H.	C/D	1215 Louisiana Avenue	Winter Park, FL
O'Brien, Anne, R.N.	V/D	818 S. Main Lane	Orlando, FL
Steck, Stephen McKenney	S/D	11510 E. Colonial Drive	Orlando, FL
Lewy, Jeff	T/D	1265 Via Lugano	Winter Park, FL
Rallis, John N. II	D	809 E. Oak Street, #103	Kissimmee, FL
Carelli, John C.	D	390 N. Orange Avenue, #1700	Orlando, FL
Horne, Brenda K.	P/D	2500 Maitland Center Parkway	Maitland, FL
Amrhein, Nancy, R.N.	D	5757 Boggy Creek Road	Orlando, FL
Dorman, Tom	D	238 N. Washington Avenue	Apopka, FL
Fisher, Hugh R.	D	3051 Technology Parkway, #210	Orlando, FL
Hamilton, Irv	D	601 E. Rollins Street	Orlando, FL
Homayssi, Ruby	D	1409 Pylewood Street	Fern Park, FL
Horton, Dr. O. Charles	D	1914 Edgewater Drive	Orlando, FL
Joswick, David C.	D	175 E. Crystal Lake Avenue	Lake Mary, FL
Lopman, Abe	D	85 W. Miller Street	Orlando, FL
Rodriguez, Fidel, M.D.	D	2900 17th Street, #1	St. Cloud, FL
Rogers, John H.	D	145 Lincoln Avenue	Winter Park, FL
Varney, Margie	D	118 E. Jefferson Street	Orlando, FL
Zeuli, Louise B.	D	377 Maitland Avenue	Altamonte Springs, FL
Ex-Officio			
Garrett, Paul R., Jr., M.D.	D	601 E. Rollins Street	Orlando, FL