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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **739288** **(9)**

1. Corporation Name

THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

Principal Place of Business	Mailing Address
300 EAST BAY DRIVE LARGO FL 34640	300 EAST BAY DRIVE LARGO FL 33770-3716

3. Date Incorporated or Qualified: 06/07/1977
3a. Date of Last Report: 02/14/1996

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

4. FEI Number: 59-1744006 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640

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 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	HOWE, BARRY R. REV.		1.2 NAME	George J. Felos	
STREET ADDRESS	140 4TH STREET, NORTH		1.3 STREET ADDRESS	380 Main St. - Suite 200	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LABYAK, MARY		2.2 NAME		
STREET ADDRESS	300 EAST BAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, THOMAS		3.2 NAME		
STREET ADDRESS	2623 JETTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, SEYMOUR, A		4.2 NAME		
STREET ADDRESS	153 CENTRAL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, SISTER KAREN		5.2 NAME		
STREET ADDRESS	631 11TH ST. NO. (ST. ANTHONY'S CONVENT)		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ETTEN, MARY JEAN		6.2 NAME		
STREET ADDRESS	7024 HIBISCUS AVE SO		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Mary J. Labyak **REQUIRED** 1/30/97 813-586-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049584

MARY J. LABYAK