

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **743945** (8)

1. Corporation Name

HOLMES REGIONAL HOSPICE, INC.



Principal Place of Business

Mailing Address

**1900 DAIRY RD
W MELBOURNE FL 32904**

**1900 DAIRY RD
W MELBOURNE FL 32904**

3. Date Incorporated or Qualified
08/16/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1911574

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

10. Name and Address of New Registered Agent

**MEANS, MICHAEL D.
1350 S. HICKORY ST.
MELBOURNE FL 32901**

81 Name

David E. Mathias

82 Street Address (P.O. Box Number is Not Acceptable)

1350 S. Hickory Street

83

84 City

Melbourne

FL

85 Zip Code
32901

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, 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 617.0502, Florida Statutes.

SIGNATURE

David E. Mathias

David E. Mathias

April 29, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEANS, MICHAEL D.	
STREET ADDRESS	1848 RIVER SHORE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNKER, STEPHEN P	
STREET ADDRESS	538 NARRAGANSETT ST., N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, MICHAEL J	
STREET ADDRESS	1250 CEDAR LN	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, SALLY (MRS)	
STREET ADDRESS	1306 S. MAGNOLIA	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, LOU	
STREET ADDRESS	1418 S. RIVERSIDE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, RAYMOND A	
STREET ADDRESS	5725 LAKE WASHINGTON ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Stephen P. Bunker

Stephen P. Bunker

April 29, 1996 407 676-7162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)