## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

743945

(8)

HOLMES REGIONAL HOSPICE, INC.

1 IOLIVI	LO FILGIONAL FIGORIOL	_, II(O+									
Principal Plac	e of Business	Ma	iling Address					TIN ÖLDIL AL	THE BUILT BEBEL O	ION BIEN ION	
1900 DAIRY RD W MELBOURNE FL 32904			1900 DAIRY RD W MELBOURNE FL 32904-4046								
							3. Date incorporated or Qualified 08/16/1978	3a. Da	ate of Last R 05/01/19	eport <b>96</b>	
	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	
21		26					59-1911574		No	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75			
City & Stat	le	[27]	City & State			& Floring Connection Floring		Fee Re			
23		28	J., 2 J				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
Zıp	Country		Zip Country			<del></del>	8. This corporation has liability for Ir	_=			
24 25		29					Florida Statutes Yes No				
	9. Name and Address of Co	urrent Regist	ered Agent				10. Name and Address of New Reg	latered /	Agent	******	
					81	Name					
MATHIAS, DAVID E 8249 DEVEREUX DR.				82 Street Add			dress (P.O. Box Number is Not Acceptable)				
MELBO	URNE FL 32940				83					~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
					B4	City		·	85 Zip (	Code	
						•		FL	.   '		
office or a	to the provisions of Sections 617 registered agent, or both, in the l	7.0502 and 61 State of Florid	17.1508, Florida Statu la. Such change was	tes, the al authorize	d by	s-named corp the corporat	oration submits this statement for the pu ion's board of directors. I hereby accept	urpose of tithe app	changing Iti ointment as	s registered registered	
agent la	ami familiar with, and accept the o	obligations of,	, Section 617.0503, F	lorida Stat	lutes	i. '					
SIGNATURE .	Signature, typed or printed name of register	nd agent and little b	f analicable (MO	TE Declateur	7 1 2 2		ed when reinstating)				
12.		S AND DIREC		13.	a Age	nt signature requir	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S IN 12	
TITLE	PD		☐ DELETE	1.5 71	TLE	· · · · · · · · · · · · · · · · · · ·	1,000,10,000,000,000,000,000	-1107111	Change	Addition	
NAME	MEANS, MICHAEL D.			1.2 N	AME				_ •	<del></del>	
STREET ADDRESS	1848 RIVER SHORE DRIV	Æ		1.3 \$1	FREET	ADDRESS					
CITY-ST-ZIP	INDIALANTIC FL 32903			1.4 CI	ITY-\$1	T-ZIP					
TITLE	D		☐ DELETE	2.1 1	TLE			***************************************	Change	Addition	
NAME	BUNKER, STEPHEN P			22 N	AME						
STREET ADDRESS	538 NARRAGANSETT ST	., N.E.		2.3 51	rreet	ADDRESS					
CITY-ST-ZIP	PALM BAY FL					1					
TITLE	<b>D</b>		- 1 x = 222		ITY-S	T-ZIP		· • • • • • • • • • • • • • • • • • • •			
NAME	-		☐ DELETE	3.1 Tr	TLE	ST-ZIP		<del></del>	Change	☐ Addition	
i ' '	FOLEY, MICHAEL J		☐ DELETE	3.1 TI 3.2 N/	TLE AME			·•••••••••••••••••••••••••••••••••••••	Change	Addition	
STREET ADDRESS	FOLEY, MICHAEL J 1250 CEDAR LN		☐ DELETE	3.1 TI 3.2 N/ 3.3 S1	TLE AME TREET	ADDRESS		, , , , , , , , , , , , , , , , , , ,	Change	Addition	
STREET ADDRESS CITY+ST-ZIP	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL			3.1 Ti 3.2 N/ 3.3 S1 3.4. C	TLE AME TREET	ADDRESS		<u>,</u>			
STREET ADDRESS CITY-ST-ZIP TITLE	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D		☐ DELETE	3.1 TU 3.2 N/ 3.3 ST 3.4. C 4.1 TU	TLE AME TREET : TLE	ADDRESS			Change	Addition  Addition	
STREET ADDRESS CITY-ST-ZIP THLE NAME	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS)			3.1 Ti 3.2 Ni 3.3 ST 3.4 C 4.1 Ti 4.2 N	TLE AME TREET : TLY-S TLE IAME	ADDRESS IT-ZIP		· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS  CITY-ST-ZIP  THILE  NAME  STREET ADDRESS	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA			3.1 Ti 3.2 NJ 3.3 SI 3.4. C 4.1 Ti 4. 2 N 4.3 SI	TLE AME TREET ITY-S TLE IAME TREET	ADDRESS IT-ZIP ADDRESS					
STREET ADDRESS CITY-ST-ZIP THTE NAME STREET ADDRESS CITY-ST-ZIP	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL		L.) DELETE	3.1 Ti 3.2 NJ 3.3 SI 3.4. C 4.1 Ti 4.2 N 4.3 SI 4.4 Ci	TLE AME TREET TLE AME TREET TREET	ADDRESS IT-ZIP ADDRESS			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D			3.1 Ti 3.2 N/ 3.3 S1 3.4 C 4.1 Ti 4. 2 N 4.3 S1 4.4 Ci 5.1 Ti	TLE AME TREET : TLE IAME TREET : TLE TY-ST TLE	ADDRESS IT-ZIP ADDRESS					
STREET ADDRESS CITY-S1-ZIP THILE NAME STREET ADDRESS CITY-S1-ZIP THLE NAME	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D WEST, LOU	E	L.) DELETE	3.1 Ti 3.2 N/ 3.3 SI 3.4. C 4.1 Ti 4.2 N 4.3 SI 4.4 Ci 5.1 Ti 5.2 N/	TLE AME TREET ATTY-S TLE AME TREET TLE TLE AME	ADDRESS T-ZIP  ADDRESS T-ZIP		1	Change	Addition	
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D WEST, LOU 1418 S. RIVERSIDE DRIV	E	L.) DELETE	3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N/ 5.3 SI 5.3	TLE AME TREET A TTLE TAME TY-ST TLE AME TREET A TREET A	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS		1	Change	Addition	
STREET ADDRESS CITY-S1-ZIP THILE NAME STREET ADDRESS CITY-S1-ZIP THLE NAME	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D WEST, LOU	E	L.) DELETE	3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N/ 5.3 SI 5.3	TLE AME TREET; TILE TAME TREET; TY-ST TLE AME TREET; TY-ST TLE TY-ST TY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			Change	Addition  Addition	
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D WEST, LOU 1418 S. RIVERSIDE DRIV INDIALANTIC FL D	D. 31778874877-21-12-12-12-12-12-12-12-12-12-12-12-12-	☐ DELETE	3.1 TI 3.2 NJ 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CF 5.1 TI 5.2 NJ 5.3 SI 5.4 CF 6.1 TI 7.5	TLE AME TREET; TLE AME TREET; TLE AME TREET; TLE TLE TLE TLE TY-ST TLE TY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FOLEY, MICHAEL J 1250 CEDAR LN INDIALANTIC FL D GRAY, SALLY (MRS) 1306 S.MAGNOLIA INDIALANTIC FL D WEST, LOU 1418 S. RIVERSIDE DRIV INDIALANTIC FL	) A	☐ DELETE	3.1 TI 3.2 N/3 3.3 SI 3.4 C 4.5 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N/5 5.3 SI 6.4 CI 6.1 TI 6.2 N/5 6.2	TLE TREET; TREET; TLE TREET; TLE TREET; TLE TREET; TY-ST TLE TY-ST TLE TY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			Change	Addition  Addition	

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:

STUMBLE PS PUBLED - Secretary

4/3297

**FILED** 

May 16 1997 8:00am

Secretary of State

407-676-7162