

FILE NOW: FILING FEE IS \$61.25

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**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90017 021 \*\*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 745062**

1. Corporation Name

**HOSPICE OF NORTHEAST FLORIDA, INC.**

Principal Place of Business

THE EARL B. HADLOW CENTER FOR CARING  
 4266 SUNBEAM RD.  
 JACKSONVILLE FL 32257

Mailing Address

THE EARL B. HADLOW CENTER FOR CARING  
 4266 SUNBEAM RD.  
 JACKSONVILLE FL 32257



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/27/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1940256	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PONDER-STANSEL, SUSAN 4266 SUNBEAM ROAD JACKSONVILLE FL 32257				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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, JIM	1.2 NAME	
STREET ADDRESS	13747 HOPE SOUND CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, PATRICK	2.2 NAME	
STREET ADDRESS	293 RIDGELINE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32067	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLET, RON	3.2 NAME	
STREET ADDRESS	2716 VICTORIAN OAKS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEITZER, BOB	4.2 NAME	
STREET ADDRESS	P.O. BOX 990 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMAN, JOY	5.2 NAME	
STREET ADDRESS	6784 LINFORD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, JIM	6.2 NAME	
STREET ADDRESS	13747 HOPE SOUND CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)

1-20-99 904/596-6363