2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745692 1. Entity Name

GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.



rincinal Place of Business	Mailing Address

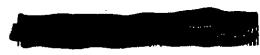
106 ARNESON AVE AUBURNOALEEN FL 33823

P.O. BOX 7129 WINTER HAVEN FL 33883-7129

2. Principal Place of Business 3. Mailing Address 5/1

FILED Jun 21, 2000 8:00 am Secretary of State

05-16-2000 90014 044 ****70.00



Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Çity & State		City & State	City & State			4. FEI Numbe	FO 4000			A	oplied For		
Auburn	idale,	FL					59-1926521				11	lot Applicable	<u>'</u>
Zip		Country	Zip	Çou			5. Certificate of Status Desired		sired 🔼		8.75 Ad ee Requir		
6. Name and Address of Current Registered Agent							7. Name and	Address of	New Register	ed Ag	ent]
ANASTASIO, LANCE W. 200 AVENUE F. NE					Name								
					Street Address (P.O. Box Number is Not Acceptable)								1
WINTER HAVEN FL 33881							<u> </u>						╛
WHILE I DATE (C 0000)				City	City FL Zip							Code	
9. The above	named entit	v submits this statement for	the ourpose of changing its	renistere	ed office o	r register	ed agent or bot	h in the state	of Florida.				1
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	FILE	NOW:	9. Election Campaign	Financi	ing	\$5.0	May Be	[Make Che	ck Pa	ayable t	: 0	
		\$61.25	Trust Fund Contribu	ition.	\Box		to Fees	1	Departm	ent c	of State		1
		<u> </u>										<u>`</u>	_
10.		OFFICERS AND DIRE		11.			ADDITIONS/CH/	ANGES TO C	OFFICERS AND				ج إ
TITLE	CO		🐴 Delete	TITLE	_	C.		·	F) [Change	Z Addition	000
NAME	BOURDET			NAM			henson,			,			15
STREET ADDRESS		UESTA TRAIL			ET ADDRESS -ST-ZIP		Lk Holli land, Fl						E027
CITY-ST-ZIP		LES FL 33853				lstV		3300.				CD Addition	46
TITLE	VC	00N NUIC	🛂 Delete	TITLE	_		Lis, Stev	^	(T)		Change	29 Addition	١
NAME	1 ,	SON, JULIE			ET ADORESS		Lk Morton		\cdot				
STREET ADDRESS CITY-ST-ZIP		HOLLINGSWORTH DR			-ST-ZIP	ı	land, Fl		İ				Ĺ
		O FL 33803	C3.011	DTU		2ndV		33001			☐ Change	FEE Addition	1
TITLE	VC	nnie	Delete	NAM		l			(T)	•	- Circuigo	PR vontrate	
NAME STREET ADDRESS	ALLEN, EL	ENS TERRACE			ET ADDRESS	Ŀ	ollum, Ji						
_ CITY_ST: ZIP		ENS TERINOE IAVEN.FL 33881		1	-ST-ZIP	Sebr	S. Comme	¹ 33870					
TITLE	SD	MAFTI1-1:F'-2000 (□ Oelete	יווו	 F	S	<u> </u>				Change	2 Addition	1
NAME	SMITH, GI	NGFR	QQ Delete	NAM		} ⁻	cert, Che	rvl	(T)				
STREET ADDRESS		RANGE AVE		STRE	ET ADDRESS		E. Centr						
CITY-ST-ZIP	BARTOW			CITY	-ST-ZIP		ter Haven		33883				
TITLE	TD		☐ Delete	TITLE	E	М					Change	₽ Addition	1
NAME	ROWSE, V	VILLIAM		NAM	E		Ellen P		(D)				
STREET ADDRESS	525 POPE	AVENUE N. W.			ET ADDRESS		Arneson .		<u>U</u>		*		
CITY-ST-ZIP	WINTER H	IAVEN FL		CITY	- \$T - ZIP	Aubu	rndale,	FL 338	<u>323</u>				1
TTLE			☐ Delete	TITLE	Ε					[☐ Change	[] Addition	İ
NAME				NAM									
STREET ADDRESS				1	ET ADDRESS	!							
CITY-ST-ZIP	L			CITY	-ST-ZIP	Ĺ. <u>.</u> _		<u></u>					1
			1				-4' 110 07/01/					Information	1

12. 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 report or suppliemental report is true and accurate and that troy 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: