FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747179 (0)

1. Corporation Name
HOSPICE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
6055 RAND BLVD. SARASOTA FL 34238	6055 RAND BLVD. SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1979
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-1911861 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAHLGREN, WARD E. (ESQUIRE)
1750 RINGLING BLVD.
SARASOTA FL 33577

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	SIKORSKI, DONALD M.	1.2 NAME	CLAFLIN, WILLIAM J.,JR.	
STREET ADDRESS	2033 MAIN STREET	1.3 STREET ADDRESS	411 LYCHEE RD.	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VCD	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	CLAFLIN, JR. W	2.2 NAME	WHITESEL, PATTY L.	
STREET ADDRESS	411 LYCHEE ROAD	2.3 STREET ADDRESS	449 10TH AVE. W.	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	STRAUB, JEAN S	3.2 NAME		
STREET ADDRESS	555 S. GULFSTREARM AVE., ROYAL ST. ANDREW	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLWAY, FLOYD	4.2 NAME		
STREET ADDRESS	6404 MANATEE AVENUE, WEST	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, BONNIE E	5.2 NAME		
STREET ADDRESS	7008 MADONNA PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Bonnie E Harvey BONNIE E. HARVEY 4/17/95 813/923-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048440