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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34238-5189**



3. Date Incorporated or Qualified **05/15/1979** 3a. Date of Last Report **04/03/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1911861	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAFLIN, WILLIAM J JR.	1.2 NAME	Norman Goldstein, M.D.
STREET ADDRESS	411 LYCHEE RD.	1.3 STREET ADDRESS	1808 Orchid St.
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITESEL, PATTY L	2.2 NAME	City of Palmetto, 516 8th Ave. W.
STREET ADDRESS	449 10TH AVENUE WEST	2.3 STREET ADDRESS	Palmetto FL 34221
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, PEGGY M	3.2 NAME	Don P. Hicks
STREET ADDRESS	5531 RAVENWOOD DR	3.3 STREET ADDRESS	6020 Riverside Dr.
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Punta Gorda FL 33982
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** 1/10/97 941-923-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063483

CR2E037 (9/96)