


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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**

3. Date Incorporated or Qualified

05/15/1979

4. FEI Number

59-1911861

Applied For

Not Applicable

2. Principal Place of Business

21 5955 RAND BLVD

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 5955 Rand Blvd.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VCD** ☐ DELETE
NAME **NORMAN GOLDSTEIN, M.D.**
STREET ADDRESS **1808 ORCHID ST.**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **NORMAN GOLDSTEIN, M.D.**
1.3 STREET ADDRESS **1808 ORCHID ST.**
1.4 CITY-ST-ZIP **SARASOTA, FL**

TITLE **CD** ☒ DELETE
NAME **WHITESEL, PATTY L**
STREET ADDRESS **CITY OF PALMETTO, 516 8TH AVE. W.**
CITY-ST-ZIP **PALMETTO FL**

2.1 TITLE **VCD** ☐ Change ☒ Addition
2.2 NAME **Lou Ann Palmer**
2.3 STREET ADDRESS **4160 Fruitville RD., #75**
2.4 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **SD** ☒ DELETE
NAME **DON P. HICKS**
STREET ADDRESS **8020 RIVERSIDE DR.**
CITY-ST-ZIP **PUNTA GAORDA FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Walter H. Esworthy**
3.3 STREET ADDRESS **P.O. Box 78**
3.4 CITY-ST-ZIP **Laurel, FL 34222 n/a**

TITLE **TD** ☒ DELETE
NAME **HOLWAY, FLOYD**
STREET ADDRESS **6404 MANATEE AVENUE, WEST**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Michael Erb**
4.3 STREET ADDRESS **5811 Pelican Bay Blvd, #300**
4.4 CITY-ST-ZIP **Naples, FL 34108**

TITLE **P** ☐ DELETE
NAME **HARVEY, BONNIE E**
STREET ADDRESS **7008 MADONNA PL**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE **P** ☒ Change ☐ Addition
5.2 NAME **HARVEY, BONNIE E**
5.3 STREET ADDRESS **361 Whitfield Ave.**
5.4 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (10/97)