

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90014 019 ****70.00

DOCUMENT # 747179

1. Corporation Name

HOSPICE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5955 RAND BLVD
SARASOTA FL 342385955 RAND BLVD
SARASOTA FL 34238
US

Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.		26	05/15/1979
City & State		27	4. FEI Number
Zip		28	59-1911861
Country		29	Applied For
		30	Not Applicable
		31	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		32	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		33	Trust Fund Contribution

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	STEPHEN B. STRASKE, II
82 Street Address (P.O. Box Number is Not Acceptable)	101 E. KENNEDY BLVD. SUITE 3700
83 City	TAMPA
84 State	FL
85 Zip Code	33602

Pursuant to the provisions of Sections 617.0912 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.

3/19/99

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

CD	<input checked="" type="checkbox"/> DELETE
GOLDSTEIN, NORMAN MD	
1808 ORCHID ST.	
SARASOTA FL	
VCD	<input type="checkbox"/> DELETE
PALMER, LOU ANN	
4160 FRUITVILLE ROAD #75	
SARASOTA FL 34232	
SD	<input type="checkbox"/> DELETE
ESWORTHY, WALTER H	
PO BOX 98 N/A	
LAUREL FL 34272	
TD	<input type="checkbox"/> DELETE
ERB, MICHAEL	
5811 PELICAN BAY BLVD. 300	
NAPLES FL 34108	
P	<input type="checkbox"/> DELETE
HARVEY, BONNIE E	
361 WHITFIELD AVE.	
SARASOTA FL 34243	
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GODLESKI, STANLEY	
1.3 STREET ADDRESS	6300 MIDNIGHT PASS RD.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PALMER, LOU ANN	
2.3 STREET ADDRESS	4160 FRUITVILLE ROAD #75	
2.4 CITY-ST-ZIP	SARASOTA, FL 34232	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

941-923-5822

Daytime Phone #

CR2E037 (1/98)