

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 747179

FILED
Jan 16, 2002 8:00 AM
Secretary of State

Entity Name: HOSPICE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

5955 RAND BLVD.
SARASOTA, FL 342389 US

New Principal Place of Business:

Current Mailing Address:

5955 RAND BLVD.
SARASOTA, FL 342389 US

New Mailing Address:

FEI Number: 59-1911861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GODLESKI, STANLEY
6300 MIDNIGHT PASS RD, #1010
SARASOTA, FL 34242

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TSD (X) Delete
Name: HULL, RICHARD
Address: 4767 RINGWOOD MEADOW
City-St-Zip: SARASOTA, FL 34232

Title: VCD () Delete
Name: KITCHNER, A.H.
Address: 5550 26TH ST. W. #7
City-St-Zip: BRADENTON, FL 34207

Title: CD (X) Delete
Name: ERB, MICHAEL
Address: 4811 TAMiami TR. N
City-St-Zip: NAPLES, FL 34108

Title: P () Delete
Name: MAISTO, MARGARET
Address: 6240 DONNINGTON CT
City-St-Zip: SARASOTA, FL 34238

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: KITCHNER, A.H.
Address: 5550 26TH ST. W. #7
City-St-Zip: BRADENTON, FL 34207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD () Change (X) Addition
Name: MACCALLUM, JAMES
Address: 2155 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: VCD () Change (X) Addition
Name: JACKSON, MARY ALICE
Address: 1800 2ND ST, #760
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET MAISTO

P

01/16/2002

Electronic Signature of Signing Officer or Director

Date