

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747179

FILED
Apr 26, 2005
Secretary of State

Entity Name: HOSPICE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

5955 RAND BLVD.
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

5955 RAND BLVD.
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 59-1911861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAISTO, MARGE
5955 RAND BOULEVARD
SARASOTA, FL 34238 US

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: CD () Delete
Name: MACCALLUM, JAMES M
Address: 2155 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

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

Title: TSD () Delete
Name: RYALS, ANN H
Address: P.O. BOX 127
City-St-Zip: FORT OGDEN, FL 34267

Title: VCD () Delete
Name: HAGER, DANIEL S
Address: 4401 MANATEE AVENUE W
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HAGER, DANIEL S
Address: 4401 MANATEE AVENUE W
City-St-Zip: BRADENTON, FL 34207

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

Title: TSD (X) Change () Addition
Name: MAYPER, MATTHEW
Address: 1515 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34236

Title: VCD (X) Change () Addition
Name: RYALS, ANN H
Address: 9693 SW HIGHWAY 17
City-St-Zip: FORT OGDENQ, FL 34267

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: MARGE MAISTO

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date