

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747179

FILED
Jan 11, 2008
Secretary of State

Entity Name: TIDEWELL HOSPICE AND PALLIATIVE CARE, 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: KIRKPATRICK, JUDITH
Address: 3057 SE LOVEJOY STREET
City-St-Zip: ARCADIA, FL 34266

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

Title: VCD () Delete
Name: KLEMEYER, ROBERT
Address: 5396 ANTHONY LANE
City-St-Zip: SARASOTA, FL 34233

Title: TSD () Delete
Name: WILCOX, MACK R JR
Address: 324 SUNRISE DRIVE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: KLEMEYER, ROBERT
Address: 5396 ANTHONY LANE
City-St-Zip: SARASOTA, FL 34233

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

Title: VCD (X) Change () Addition
Name: WILCOX, MACK R JR
Address: 324 SUNRISE DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: TSD (X) Change () Addition
Name: MILLER, JAN
Address: 8592 POTTER PARK DRIVE, #150
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date