

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747179

FILED  
Jan 19, 2009  
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: KLEMEYER, ROBERT  
Address: 5396 ANTHONY LANE  
City-St-Zip: SARASOTA, FL 34233

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: WILCOX, MACK  
Address: 712 EAGLE POINT DRIVE  
City-St-Zip: VENICE, FL 34285

Title: P (X) Change ( ) Addition  
Name: MAISTO, MARGE  
Address: 6240 DONNINGTON CT  
City-St-Zip: SARASOTA, FL 34238

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

Title: TSD (X) Change ( ) Addition  
Name: MARETKA, MARK  
Address: 1830 SOUTH OSPREY AVE, SUITE 102  
City-St-Zip: SARASOTA, FL 34239

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

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date