


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90162 034 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753991**

1. Corporation Name

**HOSPICE HUNDRED, INC.**

Principal Place of Business

309 SE 18TH ST  
 FORT LAUDERDALE FL 33316  
 US

Mailing Address

309 SE 18TH ST  
 FORT LAUDERDALE FL 33316  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>801 NE 1st St</b>	26 <b>801 NE 1st St</b>	<b>08/28/1980</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		<b>59-2050770</b>
23 City & State	28 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>Fort Lauderdale FL</b>	<b>Fort Lauderdale FL</b>	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>33301</b>	<b>33301</b>	
25 Country	30 Country	
<b>USA</b>	<b>USA</b>	

9. Name and Address of Current Registered Agent

**SCHULTZE, BETTY**  
**3544 BARBADOS AVENUE**  
**COOPER CITY FL 33026**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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.

SIGNATURE *Betty Schultz* *Betty Schultz Treasurer* **2-01-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, HELEN</b>	1.2 NAME	<b>Diane Bosler</b>
STREET ADDRESS	<b>843 WEST COCO PLUM CIRCLE</b>	1.3 STREET ADDRESS	<b>801 NE 1st St</b>
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	1.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33301</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINI, NANCY</b>	2.2 NAME	<b>Georganna Chatham</b>
STREET ADDRESS	<b>2601 S E 21ST STREET</b>	2.3 STREET ADDRESS	<b>1818 N.E. 20th St.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	2.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33305</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, ANNA</b>	3.2 NAME	<b>Carolyn Lee</b>
STREET ADDRESS	<b>711 INTERCOASTAL DR</b>	3.3 STREET ADDRESS	<b>2856 NE. 36th St.</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33308</b>
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELADRO, VERONICA</b>	4.2 NAME	<b>Judy Bertolett</b>
STREET ADDRESS	<b>1107 S E 9TH STREET</b>	4.3 STREET ADDRESS	<b>1200 SE. 11th St</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	4.4 CITY-ST-ZIP	<b>Fort Lauderdale FL 33316</b>
TITLE	TT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULTZE, BETTY</b>	5.2 NAME	
STREET ADDRESS	<b>3544 BARBADOS AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHANY, ELIZABETH GEAT</b>	6.2 NAME	
STREET ADDRESS	<b>2601 E OAKLAND PARK BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Betty Schultz* **SIGNATURE REQUIRED**

**2-1-99 954-527-3939**

CR2E037 (1/98)