FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:30

DOCUMENT # 759182 (9)

1. Corporation Name
HOSPICE CARE OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
309 SE 18TH ST FORT LAUDERDALE FL 33316	309 SE 18TH ST FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1981
3a. Date of Last Report: 10/04/1994
4. FEI Number: 59-2120945 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GENT, RUTH
309 S.E. 18 STREET
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TEETER, JONATHAN O	1.2 NAME	
STREET ADDRESS	2626 E. OAKLAND PARK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VP D ERROR PD ☒ Change ERROR ☐ Addition
NAME	JORDAN, JERRY	2.2 NAME	
STREET ADDRESS	5110 N. FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LICHTENSTEIN, BERT	3.2 NAME	
STREET ADDRESS	5111 W. OAKLAND PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BOYCE, JOHN	4.2 NAME	
STREET ADDRESS	5400 N.E. 15 AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	MEHALLIS, MARTIE	5.2 NAME	
STREET ADDRESS	4221 N.E. 25 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HVIDE, HANS	6.2 NAME	
STREET ADDRESS	2200 ELLER DRIVE, PO BOX 13038	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Martie Mehallis President March 17 1995 46-774423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

MARTIE MEHALLIS, PRESIDENT 305-516-6261

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HOSPICE CARE
OF BROWARD COUNTY, INC.

HOSPICE CARE OF BROWARD COUNTY, INC.
BOARD OF DIRECTORS
1994-1995

EXECUTIVE BOARD

President: **Martie Mehallis**
4221 N. E. 25th Avenue
Fort Lauderdale, Florida 33311
566-6261

Vice President: **Roland K. Molinet, M.D.**
12 N. E. 12th Avenue
Fort Lauderdale, Florida 33316
462-7041

Treasurer: **John Boyce**
5400 N. E. 15th Avenue
Fort Lauderdale, Florida 33334
771-2812

Secretary: **Patti Ward**
1017 S.E. 6th Court
Fort Lauderdale, Florida 33316
524-8743

759 182

GENERAL BOARD

Hans Hvide
Hvide Shipping, Inc.
1900 S. E. 17th Street
Fort Lauderdale, Florida 33316
523-2200

Jerry Jordan
Jordan-Fannin Funeral Homes
5110 N. Federal Highway
Fort Lauderdale, Florida 33308
771-7303
Fax: 771-7232

John Latona
Latona and Isenberg
110 Tower, Suite 1510
110 S. E. 6th Street
Fort Lauderdale, Florida 33301
523-8899
FAX: 761-8224

Bert Lichtenstein
5111 W. Oakland Park Boulevard
Lauderdale Lakes, Florida 33313
731-6348

Fr. Patrick McDonnell
St. Clements Church
2975 N. Andrews Avenue
Fort Lauderdale, Florida 33311
563-1183

James Murphy, Esq
633 South Andrews Avenue, #200
Fort Lauderdale, Florida 33301
524-5105

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Ned Skiff
1401 N.E. 5th Court
Fort Lauderdale, Florida 33301
527-5878
Beeper: 896-6969

Jonathan O. Teeter
2601 E. Oakland Park Boulevard
Fort Lauderdale, Florida 33306
565-7676
FAX: 766-2296

Frankie Thomas
621 N.W. 33 Avenue
Fort Lauderdale, FL 33311
584-2908