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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33316-2817

3. Date Incorporated or Qualified: 07/14/1981
3a. Date of Last Report: 02/09/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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: Ruth M. Gent — Ruth M. Gent, Dir. of Operations — 1-27-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEETER, JONATHAN O 2001 N.E. 29 CT FT LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, JERRY 5110 N. FEDERAL HIGHWAY FT LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LICHTENSTEIN, BERT 5111 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOYCE, JOHN 5400 N.E. 15 AVENUE FT LAUDERDALE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEHALLIS, MARTIE 4221 N.E. 25 AVE. FT LAUDERDALE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HVIDE, HANS 701 SE 24 ST FT LAUDERDALE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Roland K. Molinet, MD — 1-28-97 — (954) 462-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036487

HOSPICE CARE
OF BROWARD COUNTY, INC.

HOSPICE CARE OF BROWARD COUNTY, INC.
BOARD OF DIRECTORS
1996-1997

EXECUTIVE BOARD

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

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

Treasurer: **Jonathan O. Teeter**
2001 N.E. 29 Court
Fort Lauderdale, Florida 33306
537-4151
City National Bank
Work:467-6667
Beeper: (954) 313-0417
Fax: (954) 467-6634

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

Revised: 6/26/96

GENERAL BOARD

Hans Hvide
c/o Eller & Company
701 S.E. 24th Street
Fort Lauderdale, Florida 33316
525-3381

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

John Latona
Latona and Isenberg
315 S.E. 7th Street
Fort Lauderdale, Florida 33301
523-8899
FAX: 523-5162

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

Fr. Patrick McDonnell
St. Sebastien's Church
2518 Barbara Drive
Fort Lauderdale, Florida 33316
524-9344
FAX:

Martie Mehallis
4221 N. E. 25th Avenue
Fort Lauderdale, Florida 33308
566-6261

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

Jose Pagan
3965 N.W. 75 Terrace
Lauderhill, Florida 33319
(305) 536-9279

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

HOSPICE CARE
OF BROWARD COUNTY, INC.
309 Southeast 18th Street, Ft. Lauderdale, FL 33316

Dial H•O•S•P•I•C•E (305) 467-7423 • 1-800-372-1757 • Fax: (305) 524-6067
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