FILE NOW: FILING: FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759182

HOSPICE CARE OF BROWARD COUNTY, INC.

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

2. Principal Place of Business

21

Mailing Address

309 SE 18TH ST

2a. Mailing Address

26

FORT LAUDERDALE FL 33316

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90030 006 ****61.25





3. Date Incorporated or Qualifed

07/14/1981

Suite, Apt. :	#, etc	Suite, Apt. #, etc.			4. FEI Number		App	lied For	
22		27			59-2120945		Not	Applicable	
City & State City & State		City & State			5. Certifcate of Status Desired			\$8.75 Additional	
23		28			J. Ceruicale of Status Desired		Fee Rec	uired	
Zip Country Zip		Country		6. Election Campaign Financing	П	\$5.00	/ay Be		
24 25 29 30)		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New I	Registered /	Agent		
			81	Name	DADA DIAZED				
PLOUTZ, RONALD				Street Addre	RBARA BLAZER ess (P.O. Box Number is Not Accepte	able)			
321 SE 18TH ST				321	S.E. 18 STREET	•			
FT. LAUDERDALE FL 33316									
-1 1. 0.000	INDALL IL SOUTO		84			7,77	85 Zip C	ode	
				City FT.		<u>FL</u>	333		
11. Pursuant office or re	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of I m familiar with, and accept the obligation	nd 617.1508, Florida Statutes, Florida. Such change was auth	the above orized by a Statutes	-named corpo the corporation	pration submits this statement for the n's board of directors. I hereby accep	purpose of o t the appoir	changing its r itment as reg	egisterea istered	
	m raminar with, and accept the obligation	12 Carried of 7:0000, 1 fortice	·			2/3	100		
SIGNATURE	Signature, typed or printed name of registered agent an	d the if applicable. (NOTE: Re	egistered Agen	t signature required	when reinstating)	DATE	7		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12 .	
TITLE	D	DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	JORDAN, JERRY	ŕ	1.2 NAME						
STREET ADDRESS	4343 N FEDERAL HWY		1.3 STREET	ADORESS	•				
CITY-ST-ZIP	FT LAUDERDALE FL 33308			-ZIP					
TITLE	D	☐ DELETE	2.1 TILE				☐ Change	☐ Addition	
NAME	LICHTENSTEIN, BERT		2.2 NAME						
STREET ADDRESS	5111 W. OAKLAND PARK BLVD.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	·	2.4 CITY-S	T-ZIP					
TITLE	D	DELETE	3.1 TITLE				Change	Addition	
NAME	MEHALLIS, MARTIE		3.2 NAME					1	
STREET ADDRESS	4004 44 5 45 41 55	•	3.3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33301		3.4. CITY-S	T-ZIP					
TITLE	D	☐ DELETÉ	4.1 TITLE				☐ Change	☐ Addition	
NAME	HVIDE, HANS		4. 2 NAME						
STREET ADDRESS	701 SE 24 ST		4.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		4.4 CITY-S	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME		•			ļ	
STREET ADDRESS			5.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			5.4 CITY-S	r-zip		~			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	•		6.2 NAME					•	
STREET ADDRESS		,	6.3 STREET	ADDRESS		•		1	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					
UITTOTALE.	<u> </u>		-		The second Fig. 11. But the		tifu that the in	<u> </u>	

increase certain traction 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 another true address with all other like empowered.

SIGNATURE:

246329-90030-6 759182

Karin Rhodes

The Rhodes Insurance Group 1219 East Las Olas Boulevard Fort Lauderdale FL 33301 524-5075

Michael Robinson, Esq.

707 S.E. 3 Avenue Fort Lauderdale, Florida 33316

Work: 524-8060

HOSPICE CARE OF BROWARD COUNTY, INC. BOARD OF DIRECTORS 1998-1999

EXECUTIVE BOARD

President:

Ned Skiff

1401 N.E. 5th Court

Fort Lauderdale, Florida 33301

Home: 527-5878 Beeper: 896-6969 FAX: 527-0136

Vice President:

Frankie Thomas

621 N.W. 33 Avenue

Fort Lauderdale, FL 33311

584-2908

Treasurer:

Jose Pagan

3965 N.W. 75th Terrace Lauderhill, Florida 33319

749-0059

Work: (305) 536-9279

Secretary:

James Murphy, Esq

633 South Andrews Avenue, #200 Fort Lauderdale, Florida 33301

524-5105

Revised: 7/15/98

GENERAL BOARD

Emilio Benitez

Benitez & Wagoner 600 South Andrews Avenue #403 Fort Lauderdale FL 33301 (954) 761-8892

Jack Brewer

1107 S.E. 6th Street Fort Lauderdale FL 33301

Home: 523-0348 Office: 491-7788

Hans Hvide

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

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

Msgr. Patrick McDonnell

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

Roland K. Molinet, M.D.

12 N. E. 12th Avenue Fort Lauderdale, Florida 33301 Work: 462-7041