

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 05 1996 8:00 am

Secretary of State

DOCUMENT # 762333

(3)

1. Corporation Name

HOSPICE OF CHARLOTTE, INC.



Principal Place of Business

Mailing Address

21234 OLEAN BLVD
ST E4
PT CHARLOTTE FL 33952
US

21234 OLEAN BLVD
STE 4
PT CHARLOTTE FL 33952
US

3. Date Incorporated or Qualified
03/09/1982

3a. Date of Last Report
06/05/1995

4. FEI Number
59-2189969

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIECHMAN, PHILIP
2430 SUNDANCER DR
CLEARWATER FL 34619

81 Name
Cindy A. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
Bon Secours S.E. Region
83 901 Venetia Bay Blvd. Suite 250
84 City
Venice FL 85 Zip Code
34292

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 *Cynthia Smith* Cynthia Smith

May 24, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MITCHELL, EDMOND
STREET ADDRESS 236 ANNAPOLIS LANE
CITY-ST-ZIP ROTONDA WEST FL ☐ DELETE

TITLE D
NAME BARLOW, PEGGY
STREET ADDRESS 146 BARRE DR NW
CITY-ST-ZIP PORT CHARLOTTE FL ☐ DELETE

TITLE D
NAME LIMELO, KIM
STREET ADDRESS 1217 EAST AVE S STE 103
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE SD
NAME WATERBURY, CINDY
STREET ADDRESS 22335 LASALLE RD
CITY-ST-ZIP PT. CHARLOTTE FL ☒ DELETE

TITLE T
NAME WAGNER, CHRIS
STREET ADDRESS 23427 ABERDEEN AVE
CITY-ST-ZIP PT CHARLOTTE FL ☒ DELETE

TITLE PD
NAME WIECHMAN, PHILIP
STREET ADDRESS 2430 SUNDANCER DR
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
000001852790
-06/05/96--01115--011
***61.25

3.1 TITLE C ☐ Change ☒ Addition
3.2 NAME Shayman, Geri
3.3 STREET ADDRESS 1931 Tamiami Trail, Suite 1
3.4 CITY-ST-ZIP Port Charlotte, FL 33948

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Walsh, Jim
4.3 STREET ADDRESS 1951D Tamiami Trail
4.4 CITY-ST-ZIP Port Charlotte, FL 33948

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Bryant, Col. Russell
5.3 STREET ADDRESS 2500 Harbor Blvd
5.4 CITY-ST-ZIP Port Charlotte, FL 33952

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Geri P. Shayman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24

1996

(941) 627-3434

Date Daytime Phone #

CR2E037 (12/95)