

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 21234 OLEAN BLVD ST E4 PT CHARLOTTE FL 33952 US	Mailing Address 21234 OLEAN BLVD STE 4 PT CHARLOTTE FL 33952 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 06/05/1995
4. FEI Number 59-2189969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WIECHMAN, PHILIP
2430 SUNDANCER DR
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name Cindy A. Smith
82 Street Address (P.O. Box Number is Not Acceptable) Bon Secours S.t. Region
83 901 Venetia Bay Blvd. Suite 250
84 City Venice
85 Zip Code FL 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** DATE **May 24, 1996**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MITCHELL, EDMOND	STREET ADDRESS 236 ANNAPOLIS LANE	CITY-ST-ZIP ROTONDA WEST FL	<input type="checkbox"/> DELETE
TITLE D	NAME BARLOW, PEGGY	STREET ADDRESS 146 BARRE DR NW	CITY-ST-ZIP PORT CHARLOTTE FL	<input type="checkbox"/> DELETE
TITLE D	NAME LIMELO, KIM	STREET ADDRESS 1217 EAST AVE S STE 103	CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME WATERBURY, CINDY	STREET ADDRESS 22335 LASALLE RD	CITY-ST-ZIP PT. CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE T	NAME WAGNER, CHRIS	STREET ADDRESS 23427 ABERDEEN AVE	CITY-ST-ZIP PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME WIECHMAN, PHILIP	STREET ADDRESS 2430 SUNDANCER DR	CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME Cindy A. Smith	1.3 STREET ADDRESS Bon Secours S.t. Region	1.4 CITY-ST-ZIP 901 Venetia Bay Blvd. Suite 250	1.5 DATE 06/05/96	1.6 FEE 61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE C	3.2 NAME Shayman, Geri	3.3 STREET ADDRESS 1931 Tamiami Trail, Suite 1	3.4 CITY-ST-ZIP Port Charlotte, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.1 TITLE D	4.2 NAME Walsh, Jim	4.3 STREET ADDRESS 1951D Tamiami Trail	4.4 CITY-ST-ZIP Port Charlotte, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.1 TITLE D	5.2 NAME Bryant, Col. Russell	5.3 STREET ADDRESS 2500 Harbor Blvd	5.4 CITY-ST-ZIP Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		

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* **Geri P. Shayman** DATE **May 24, 1996** (941) **627-3434**

CR2E037 (12/95)