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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762333** (3)

1. Corporation Name

BON SECOURS HOSPICE, 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 33952-6721 US

3. Date Incorporated or Qualified 03/09/1982	3a. Date of Last Report 06/05/1996
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 type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

SMITH, CINDY A
BO901 VENETIA BAY BLVD. STE 250
VENICE FL 34292

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 *Cynthia A. Smith* *Cynthia A. Smith* *Executive Vice President, Health Resources* *4-15-97*

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, EDMOND	
STREET ADDRESS	236 ANNAPOLIS LANE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLOW, PEGGY	
STREET ADDRESS	146 BARRE DR NW	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SHAYMAN, GERI	
STREET ADDRESS	1931 TAMiami TR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, JIM	
STREET ADDRESS	1951D TAMiami TR.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, RUSSELL COL.	
STREET ADDRESS	2500 HARBOR BLVD.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Summers, Sister Marie Lucille	
1.3 STREET ADDRESS	3178 Newbury Street	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barlow, Peggy	
2.3 STREET ADDRESS	146 Barre Drive NW	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harrington, Michael L.	
3.3 STREET ADDRESS	2500 Harbor Blvd	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carlton, Cindy J.	
4.3 STREET ADDRESS	7831 SW Sunny Oaks Drive	
4.4 CITY-ST-ZIP	Arcadia, FL 33821	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McKinley, Michael R.	
5.3 STREET ADDRESS	18401 Murdock Circle	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33948	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rolph, Michael F.	
6.3 STREET ADDRESS	540 The Rialto	
6.4 CITY-ST-ZIP	Venice, FL 34285	

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: *Michael L. Harrington* *4/20/97* *941-687-2505*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0957784

CR2E037 (9/96)