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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US

3. Date Incorporated or Qualified

03/09/1982

4. FEI Number

59-2189969

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 0495-A CARING WAY	26 0495-A CARING WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 PORT CHARLOTTE, FL	28 PORT CHARLOTTE, FL
Zip	Zip
24 33952	29 33952
Country	Country
25 USA	30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, CINDY A
80901 VENETIA BAY BLVD. STE 250
VENICE FL 34292**

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, EDMOND	1.2 NAME	MICHAEL L HARRINGTON
STREET ADDRESS	236 ANNAPOLIS LANE	1.3 STREET ADDRESS	2500 HARBOR BLVD
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLOW, PEGGY	2.2 NAME	SISTER MARY REGINA FLATLEY
STREET ADDRESS	148 BARRE DR NW	2.3 STREET ADDRESS	901 VENETIA BAY BLVD, STE 250
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAYMAN, GERRI	3.2 NAME	
STREET ADDRESS	1831 TAMiami TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JIM	4.2 NAME	
STREET ADDRESS	1951D TAMiami TR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, RUSSELL COL.	5.2 NAME	
STREET ADDRESS	2500 HARBOR BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, SISTER MARIE L	6.2 NAME	
STREET ADDRESS	3178 NEWBURY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I 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* MICHAEL L HARRINGTON 2/30/98 941-766-4125

CR2E037 (10/97)