

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90419 034 \*\*\*\*61.25

**DOCUMENT # 763935**

1. Entity Name  
**LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.**



Principal Place of Business  
**3010 W AZEELE STREET  
TAMPA, FL 33609 US**

Mailing Address  
**3010 W AZEELE STREET  
TAMPA, FL 33609 US**

**40079817**



2. Principal Place of Business  
**12973 TELECOM PARKWAY**

3. Mailing Address  
**12973 TELECOM PARKWAY**

Suite, Apt. #, etc.  
**SUITE 100**

Suite, Apt. #, etc.  
**SUITE 100**

04182006 Chg-NP CR2E037 (11/05)

City & State  
**TEMPLE TERRACE, FL**

City & State  
**TEMPLE TERRACE, FL**

4. FEI Number  
**59-2264957**

Applied For  
**Not Applicable**

Zip  
**33637**

Country  
**USA**

Zip  
**33637**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, KATHY L  
3010 W AZEELE STREET  
TAMPA, FL 33609**

**7. Name and Address of New Registered Agent**

Name **FERNANDEZ, KATHY L**  
Street Address **12973 TELECOM PARKWAY, SUITE 100**  
City **TEMPLE TERRACE FL** Zip Code **33637**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to:  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, KATHY L 3010 WEST AZEELE STREET TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GILES, R. FENN JR 3010 WEST AZEELE STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC LINCER, WALTER M 3010 WEST AZEELE STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MELENDI, SUE M 3010 WEST AZEELE STREET TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPELLMAN, VICTORIA 3010 WEST AZEELE STREET TAMPA, FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERTKE, MAX 3010 WEST AZEELE STREET TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, KATHY L 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C LINCER, WALTER M 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VICE C LEBEAU, CATHY R 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T MELENDI, SUE M 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S SPELLMAN, VICTORIA 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUFFARD, AMADA 12973 TELECOM PARKWAY SUITE 100 TEMPLE TERRACE, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W. Black Thomas W. Black  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06  
Date

(813) 871-8400  
Daytime Phone #

ATTACHMENT 40079817  
#763933

LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bridges, Alan D. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buffington, Daniel E. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Steve 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fogarty, J. Eugene 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giles, R. Fenn, Jr. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hinton, Brian 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lott, Rick A. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melech, Patricia A. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connell, Edward C. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shumate - Brown, Tamara 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637

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LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.

Officers and Directors

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tonnesen, Steve 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Uiterwyk, Steven 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Jennifer B. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Black, Thomas W. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Wallace, George H. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV Riley, Roxanne T. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/CMO Schonwetter, Ronald S. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dudney, B.J. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Goddard, Judith M. 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637

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LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.  
Officers and Directors  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirby , Jackie 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jones, Sharon 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Witt, Larry 12973 Telecom Parkway, Suite 100 Temple Terrace, Florida 33637