

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90261 001 ***122.50

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1. Entity Name

LIFEPATH HOSPICE AND PALLIATIVE CARE, INC.



Principal Place of Business

**3010 W AZEELE ST
TAMPA FL 33609**

Mailing Address

**3010 W AZEELE ST
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2264957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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	D/C	<input type="checkbox"/> Delete
NAME	MELENDI, SUE M	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAVENGOOD, VICTOR P	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	WALLACE, GEORGE H	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	GILES, FENN R JR.	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	O/P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, KATHY L	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	O/VP	<input checked="" type="checkbox"/> Delete
NAME	RICK, KEVIN G	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	O/ EX.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS E. COMBS	
STREET ADDRESS	3010 W AZEELE ST	
CITY-ST-ZIP	TAMPA FL 33609	

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 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:

SIGNATURE REQUIRED EXECUTIVE V.P.

812-877-7700

CR2E037 (10/02)