FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766348 (7)

1. Corporation Name
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC.

Principal Place of Business	Mailing Address
300 EAST BAY DR. LARGO FL 34640	300 EAST BAY DR. LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2252045 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	LABYAK, MARY	1.2 NAME		
STREET ADDRESS	300 EAST BAY DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, VERNON	2.2 NAME		
STREET ADDRESS	2736 TIMBERLINE COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, PEGGY	3.2 NAME		
STREET ADDRESS	4904 MILANO COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLVERTON, BONNIE	4.2 NAME		
STREET ADDRESS	220 DRIFTWOOD RD., S.E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, SISTER KAREN	5.2 NAME	Joseph J. Sorota, Jr.	
STREET ADDRESS	11300-4TH ST.,N.	5.3 STREET ADDRESS	28100 US Hwy 19 N. - #504	
CITY-ST-ZIP	ST.PETERSBURG FL	5.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	CD	6.1 TITLE		☐ Change ☐ Addition
NAME	WHARRIE,ROBERT	6.2 NAME		
STREET ADDRESS	695 CENTRAL AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL	6.4 CITY-ST-ZIP		

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)(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 changed, or on an attachment with the address.

SIGNATURE Mary J. Labyak (813)596-4432 Apr.20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY J. LABYAK, PRESIDENT