

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90202 047 \*\*\*\*61.25

**DOCUMENT # 768626**

1. Entity Name  
HOSPICE OF CITRUS COUNTY, INC.



Principal Place of Business

3350 AUDUBON PARK PATH  
LECANTO, FL 34461  
10 REGINA BLVD  
BEVERLY HILLS, FL 34465

Mailing Address

3350 AUDUBON PARK PATH  
LECANTO, FL 34461  
P.O. BOX 641270  
BEVERLY HILLS, FL 34464



03122004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2401197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONOVAN, CASSANDRA  
13151 SE 158 LN  
WEIRSDALE, FL 32195

Palumbo, Anthony  
7008 N. Lecanto Hwy  
Hernando, FL.  
34442

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IN THIS SPACE**

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

4/28/2004

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE S  
NAME ROWDA, CAROL  
STREET ADDRESS 8950 E. EDAN WALK CT.  
CITY-ST-ZIP INVERNESS, FL

TITLE DT  
NAME BRANCH, BEN C  
STREET ADDRESS 450 SE US 19  
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE DV  
NAME DIXON, WILLIAM MP  
STREET ADDRESS 2905 S. CIR DR  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE DP  
NAME YERMAN, MARK J  
STREET ADDRESS 110 N. APOPKA AVE, STE 363  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE D  
NAME LONG, SALLY  
STREET ADDRESS PO BOX 1029  
CITY-ST-ZIP CRYSTAL RIVER, FL 34423

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #