

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

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000001246

1. Entity Name
WIREGRASS HOSPICE, INC.



Principal Place of Business
**2740 OLD HEADLAND AVE
DOTHAN, AL 36303**

Mailing Address
**P.O. DRAWER 2127
DOTHAN, AL 36302**



03092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1038254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEZZANOTTE, DONNA
2925 MARTIN LUTHER KING BLVD
PANAMA CITY, FL 32405**

**DO NOT WRITE
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 date if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000090962
03/17/04-80040-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	EDGE, JOHN
STREET ADDRESS	2740 OLD HEADLAND AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	V
NAME	ADAMS, PAUL
STREET ADDRESS	2740 OLD HEADLAND AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	P
NAME	SHROUT, RAY
STREET ADDRESS	2740 OLD HEADLAND AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	V
NAME	SOWELL, BERRY
STREET ADDRESS	2740 OLD HEADLAND AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	S
NAME	COWLEY, DIANE
STREET ADDRESS	2740 OLD HEADLAND AVE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	T
NAME	FARMER, DENNIS
STREET ADDRESS	2740 OLD HEADLAND AVENUE
CITY-ST-ZIP	DOTHAN, AL 36303

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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

3/11/04
Date

334-792-1100
Daytime Phone #