

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001246

FILED  
Mar 25, 2005  
Secretary of State

Entity Name: WIREGRASS HOSPICE, INC.

## Current Principal Place of Business:

2740 OLD HEADLAND AVE  
DOTHAN, AL 36303

## New Principal Place of Business:

## Current Mailing Address:

P.O. DRAWER 2127  
DOTHAN, AL 36302

## New Mailing Address:

FEI Number: 63-1038254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: EDGE, JOHN  
Address: 2740 OLD HEADLAND AVE  
City-St-Zip: DOTHAN, AL 36303

Title: V (X) Delete  
Name: ADAMS, PAUL  
Address: 2740 OLD HEADLAND AVE  
City-St-Zip: DOTHAN, AL 36303

Title: P (X) Delete  
Name: SHROUT, RAY  
Address: 2740 OLD HEADLAND AVE  
City-St-Zip: DOTHAN, AL 36303

Title: V (X) Delete  
Name: SOWELL, BERRY  
Address: 2740 OLD HEADLAND AVE  
City-St-Zip: DOTHAN, AL 36303

Title: S (X) Delete  
Name: COWLEY, DIANE  
Address: 2740 OLD HEADLAND AVE  
City-St-Zip: DOTHAN, AL 36303

Title: T (X) Delete  
Name: FARMER, DENNIS  
Address: 2740 OLD HEADLAND AVENUE  
City-St-Zip: DOTHAN, AL 36303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: STRANGE, TONY  
Address: 6666 POWERS FERRY ROAD - SUITE 328  
City-St-Zip: ATLANTA, GA 30339

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY STRANGE

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

Date