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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N01773** (3)

1. Corporation Name

HOSPICE OF FLORIDA KEYS, INC.



Principal Place of Business

Mailing Address

**1319 WILLIAM STREET
KEY WEST FL 33040
US**

**1319 WILLIAM STREET
KEY WEST FL 33040-4736
US**

3. Date Incorporated or Qualified
03/05/1984

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2386289

Applied For
☐ Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ECKSTEIN, ALAN E
1407 LEON STREET
KEY WEST FL 33040**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BECKER, RUTH**
STREET ADDRESS **3117 OVERSEAS HIGHWAY**
CITY-ST-ZIP **MARATHON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ENRIGHT, ROSEMARY**
STREET ADDRESS **1511 JOHNSON STREET**
CITY-ST-ZIP **KEY WEST FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GEDMIN, JANINE**
STREET ADDRESS **1107 WINDSOR LANE**
CITY-ST-ZIP **KEY WEST FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **VECCHIE-CAMPBELL, DONN**
STREET ADDRESS **620 ELIZABETH STREET**
CITY-ST-ZIP **KEY WEST FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **PHIL GREEN**
4.3 STREET ADDRESS **1901 S. ROOSEVELT BLVD, #208N**
4.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **M** ☐ DELETE
NAME **KERN, LISBETH**
STREET ADDRESS **1607 JOHNSON STREET**
CITY-ST-ZIP **KEY WEST FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Lisbeth Kern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-97
Date

(305) 294-8812
Daytime Phone # 6024536

CR2E037 (9/96)