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FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US**

3. Date Incorporated or Qualified

03/05/1984

4. FEI Number

59-2386289

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No N/A

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**
TITLE VD ☐ DELETE
NAME **ENRIGHT, ROSEMARY**
STREET ADDRESS **1511 JOHNSON STREET**
CITY-ST-ZIP **KEY WEST FL**
TITLE SD ☒ DELETE
NAME **GEDMIN, JANINE**
STREET ADDRESS **1107 WINDSOR LANE**
CITY-ST-ZIP **KEY WEST FL**
TITLE TD ☒ DELETE
NAME **GREEN, PHIL**
STREET ADDRESS **1901 S. ROOSEVELT BLVD., #208N**
CITY-ST-ZIP **KEY WEST FL**
TITLE M ☐ DELETE
NAME **KERN, LISBETH**
STREET ADDRESS **1007 JOHNSON STREET**
CITY-ST-ZIP **KEY WEST FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME **Helmerich, Matthew**
1.3 STREET ADDRESS **1218 Varela Street**
1.4 CITY-ST-ZIP **Key West, FL 33040**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Eckstein, Alan**
3.3 STREET ADDRESS **1407 Leon Street**
3.4 CITY-ST-ZIP **Key West, FL 33040**
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Einhorn, Jack**
4.3 STREET ADDRESS **1805 Blanche Street**
4.4 CITY-ST-ZIP **Key West, FL 33040**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

[Handwritten Signature]

CR2E037 (10/97)