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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01773

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 03/05/1984

4. FEI Number: 59-2386289 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1319 William St.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HELMERICH, MATTHEW		1.2 NAME		
STREET ADDRESS	~~1210 VARELA ST.~~		1.3 STREET ADDRESS	1800 Atlantic Blvd	
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	ENRIGHT, ROSEMARY		2.2 NAME	CARPER, JEAN	
STREET ADDRESS	1511 JOHNSON STREET		2.3 STREET ADDRESS	1590 Von Phister St.	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	Key West, FL. 33040	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	ECKSTEIN, ALAN		3.2 NAME	PERMAN, LYNNE S.	
STREET ADDRESS	1407 LEON ST		3.3 STREET ADDRESS	1319 William St.	
CITY-ST-ZIP	KEY WEST FL 33040		3.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EINHORN, JACK		4.2 NAME		
STREET ADDRESS	1805 BLANCHE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33040		4.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	KERN, LISBETH		5.2 NAME		
STREET ADDRESS	1607 JOHNSON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP	Zip 33040	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Katherine Kenyon 03-25-99 305-294-9812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #