2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N01773

1. Entity 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

02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

KERN, LIZ
1607 JOHNSON STREET
KEY WEST, FL 33040

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HELMERICH, MATTHEW
STREET ADDRESS	1800 ATLANTIC BLVD.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VD
NAME	CARPER, JEAN
STREET ADDRESS	1500 VON PHISTER ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SD
NAME	DANIELS, JANE
STREET ADDRESS	2341 SOMBRERO BLVD
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	TD
NAME	SOBECK, BOB
STREET ADDRESS	88181 OLD HWY E2
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	PM
NAME	KERN, LISBETH
STREET ADDRESS	1607 JOHNSON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD1000066001
02/25/04-80061-003 61.25

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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: Liz Kern 02-20-04 (305) 294-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #