

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90015 043 \*\*\*\*61.25

**DOCUMENT # N03000009293**

1. Entity Name  
**HOSPICE OF THE PALM COAST, INC.**



**40009708**

Principal Place of Business  
**C/O PANZA, MAURER & MAYNARD, P.A.  
3600 NORTH FEDERAL HWY THIRD FLOOR  
FT LAUDERDALE, FL 33308**

Mailing Address  
**C/O PANZA, MAURER & MAYNARD, P.A.  
3600 NORTH FEDERAL HWY THIRD FLOOR  
FT LAUDERDALE, FL 33308**



2. Principal Place of Business  
**149 South Ridgewood Ave**

3. Mailing Address  
**717 N. Harwood**

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.  
**Suite 1500**

01182005 Chg-NP CR2E037 (10/03)

City & State  
**Daytona Beach, Florida**

City & State  
**Dallas, Texas**

Zip  
**B2114**

Country  
**U.S.A.**

Zip  
**75201**

Country  
**U.S.A.**

4. FEI Number  
**20-0384141**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PANZA, THOMAS F  
C/O PANZA, MAURER & MAYNARD, P.A.  
3600 NORTH FEDERAL HWY THIRD FLOOR  
FT LAUDERDALE, FL 33308**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GASMIRE, DAVID 717 N HARWOOD, STE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC CANNON, DOUG 717 N HARWOOD, STE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC BICKHAM, BRAD 717 N HARWOOD, STE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC WORTHY, SUSAB 717 N HARWOOD, STE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Richard Burnham 717 N. Harwood, Ste 1500 Dallas, TX 75201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC worthy, Susan 717 N. Harwood, Ste 1500 Dallas, TX 75201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/05**

Date

**(214) 210-8847**

Daytime Phone #