FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N93000001672 (5)**

1. Corporation Name

THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, I NC.

Principal Place of Business	Mailing Address
300 E BAY DR LARGO FL 34640	300 E BAY DR LARGO FL 34640

3. Date Incorporated or Qualified: **04/14/1993**
3a. Date of Last Report: **04/12/1995**

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):

4. FEI Number: **59-3176721** ☐ 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

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

9. Name and Address of Current Registered Agent

LABYAK, MARY
300 E BAY DR
LARGO FL 34640

10. Name and Address of New Registered Agent

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 _____ 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	D	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	LABYAK, MARY		12 NAME	Dr. Robert Miller c/O St. Anthony's Hosp.	
STREET ADDRESS	300 E BAY DR		13 STREET ADDRESS	1301 5th Avenue No.	
CITY-ST-ZIP	LARGO FL 34640		14 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	☒ DELETE	21 TITLE	CD	☐ Change ☒ Addition
NAME	WALTER, KIMBERLY		22 NAME	Kerry Chamberlain, D.O.	
STREET ADDRESS	300 E BAY DR		23 STREET ADDRESS	13644 Walsingham Rd.	
CITY-ST-ZIP	LARGO FL 34640		24 CITY-ST-ZIP	Largo, FL 34640	
TITLE	D	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	RICK, KEVIN		32 NAME	Dr. Joan Cristie	
STREET ADDRESS	300 E BAY DR		33 STREET ADDRESS	10388 Barry Drive	
CITY-ST-ZIP	LARGO FL 34640		34 CITY-ST-ZIP	Largo, FL 34644	
TITLE		☐ DELETE	41 TITLE	D	☐ Change ☒ Addition
NAME			42 NAME	Dr. Nancy McIntosh	
STREET ADDRESS			43 STREET ADDRESS	11501 Grove St.	
CITY-ST-ZIP			44 CITY-ST-ZIP	Seminole, FL 34642	
TITLE		☐ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME			52 NAME	Dr. Mary Jean Etten	
STREET ADDRESS			53 STREET ADDRESS	7024 Hibiscus Avenue South	
CITY-ST-ZIP			54 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE		☐ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME			62 NAME	Vernon Allen	
STREET ADDRESS			63 STREET ADDRESS	2736 Timberline Ct.	
CITY-ST-ZIP			64 CITY-ST-ZIP	Clearwater, FL 34621	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1/16/96 (813) 586-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY LABYAK