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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000001672**

1. Corporation Name

THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, I NC.

Principal Place of Business	Mailing Address
300 E BAY DR LARGO FL 33770 US	300 E BAY DR LARGO FL 33777 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: 04/14/1993

4. FEI Number: 59-3176721 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 Mary J. Labyak, President — 2/22/99
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LABYAK, MARY		1.2 NAME		
STREET ADDRESS	300 E BAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34640		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERT		2.2 NAME		
STREET ADDRESS	1301 5TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CHAMBERLAIN, KERRY DO		3.2 NAME	Chamberlain, Kerry, DO	
STREET ADDRESS	13644 WALSINGHAM RD		3.3 STREET ADDRESS	same	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRISTIE, JOAN		4.2 NAME		
STREET ADDRESS	10388 BARRY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	MCINTOSH, NANCY		5.2 NAME	McIntosh, Nancy	
STREET ADDRESS	11501 GROVE ST		5.3 STREET ADDRESS	745 Pinellas Bayway - Unit #204	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ETTEN, MARY JEAN		6.2 NAME		
STREET ADDRESS	7024 HIBISCUS AVE SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		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: Mary J. Labyak, President — 2/22/99 — 727-588-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #