2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N93000001672

Entity Name: THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC.

Current Principal Place of Business:

300 E BAY DR
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

300 E BAY DR
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-3176721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABYAK, MARY
300 E BAY DR
LARGO, FL 33770 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LABYAK, MARY	
Address:	300 E BAY DR	
City-St-Zip:	LARGO, FL 33770	
Title:	D	( ) Delete
Name:	MILLER, ROBERT C/O S	
Address:	1301 5TH AVE	
City-St-Zip:	ST PETERSBURG, FL	
Title:	VD	( ) Delete
Name:	SAMS, ROXANNE	
Address:	701 6TH STREET S	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	TD	( ) Delete
Name:	LITTLE, MICHAEL	
Address:	911 CHESTNUT STREET	
City-St-Zip:	CLEARWATER, FL 33757	
Title:	SD	( ) Delete
Name:	WARE, PATSY JANE	
Address:	PO BOX 16333	
City-St-Zip:	ST. PETERSBURG, FL 33733	
Title:	CD	( ) Delete
Name:	ETTEN, MARY JEAN	
Address:	7024 HIBISCUS AVE SOUTH	
City-St-Zip:	ST PETERSBURG, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY J. LABYAK P 01/16/2004

Electronic Signature of Signing Officer or Director — Date