

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002655 (6)**

1. Corporation Name
AMERICAN BOARD OF HOSPICE AND PALLIATIVE MEDICINE, INC.



Principal Place of Business 408 W UNIVERSITY AVE SUITE 601 GAINESVILLE FL 32601	Mailing Address 408 W UNIVERSITY AVE SUITE 601 GAINESVILLE FL 32601
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3. Date Incorporated or Qualified
05/17/1996

4. FEI Number
59-3380799

Applied For	
Not Applicable	

2. Principal Place of Business 21 2103 NW 23rd Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 13422 Suite, Apt. #, etc.
22 City & State 23 GAINESVILLE FL	27 City & State 28 GAINESVILLE FL
24 326-5-3837 25 USA	29 3264-1422 30 USA

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SMITH, DALE C
408 W UNIVERSITY AVE
SUITE 601
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2103 NW 23rd Terrace
83	
84 City	GAINESVILLE FL
85 Zip Code	32605

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, GERALD H	1.2 NAME	
STREET ADDRESS	2802 TRAVIS	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMARILLO TX 79109	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, CHARLES G	2.2 NAME	
STREET ADDRESS	1517 FOREST VIEW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONWAY SC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONWETTER, RONALD S	3.2 NAME	
STREET ADDRESS	4205 WAYSIDE WILLOW CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DALE C	4.2 NAME	
STREET ADDRESS	403 W UNIVERSITY AVE	4.3 STREET ADDRESS	2103 NW 23rd Terrace
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **DALE C SMITH** 3-19-98 322-371-9500

CFR2E037 (10/97)