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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**408 W UNIVERSITY AVE  
SUITE 601  
GAINESVILLE FL 32601**

**408 W UNIVERSITY AVE  
SUITE 601  
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified

**05/17/1996**

4. FEI Number

**59-3380799**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 2103 NW 23<sup>rd</sup> Terrace**

**26 PO Box 13422**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Gainesville FL**

**28 Gainesville FL**

Zip

Country

Zip

Country

**24 326-5-3837**

**25 USA**

**29 326-4-1422**

**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

10. Name and Address of New Registered Agent

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

81 Name

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

**2103 NW 23<sup>rd</sup> Terrace**

83

84

**Gainesville**

**FL**

85

**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

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 **D** ☐ DELETE  
NAME **HOLMAN, GERALD H**  
STREET ADDRESS **2802 TRAVIS**  
CITY-ST-ZIP **AMARILLO TX 79109**

1.1 TITLE **D/C** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SASSER, CHARLES G**  
STREET ADDRESS **1517 FOREST VIEW RD**  
CITY-ST-ZIP **CONWAY SC**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SCHONWETTER, RONALD S**  
STREET ADDRESS **4205 WAYSIDE WILLOW CT**  
CITY-ST-ZIP **TAMPA FL 33624**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **SMITH, DALE C**  
STREET ADDRESS **403 W UNIVERSITY AVE**  
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **2103 NW 23<sup>rd</sup> Terrace**  
4.4 CITY-ST-ZIP **Gainesville FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(l), 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:

**DALE C SMITH**

**3-19-98**

**352-371-9500**

CR2E037 (10/97)