

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. McInham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001345 (4)**

1. Corporation Name

**FLORIDA PALLIATIVE HOME CARE, INC.**



Principal Place of Business <b>12300 LANE PARK ROAD TAVARES FL 32778</b>	Mailing Address <b>12300 LANE PARK ROAD TAVARES FL 32778</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/11/1997</b>	4. FEI Number <b>59-3434079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MCDANIEL, MARY 226 WEST ALFRED STREET TAVARES FL 32788</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Rebecca McDonald</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Hospice of Lake &amp; Sumter, Inc.</b> 83 <b>12300 Lane Park Road</b> 84 City <b>Tavares</b> FL 85 Zip Code <b>32778</b>	
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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 **Rebecca McDonald, Interim CEO/FPHC** *Rebecca McDonald* 2/25/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BEYERS, ROGER</b>
STREET ADDRESS	<b>12300 LANE PARK ROAD</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD BINNEVELD, BILL</b>
STREET ADDRESS	<b>12300 LANE PARK ROAD</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD DUPEE, ANN</b>
STREET ADDRESS	<b>12300 LANE PARK ROAD</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD HINDMAN, SCOTT</b>
STREET ADDRESS	<b>12300 LANE PARK ROAD</b>
CITY-ST-ZIP	<b>TAVARES FL 32778</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Peni Hefrin - Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hospice of Marion County, Inc.</b>
1.3 STREET ADDRESS	<b>11470 SW 85th Court</b>
1.4 CITY-ST-ZIP	<b>Ocala, FL 34481</b>
2.1 TITLE	<b>P. Jan Hugley-Chairman Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hospice of North Central FL, Inc.</b>
2.3 STREET ADDRESS	<b>4200 NW 90th Blvd</b>
2.4 CITY-ST-ZIP	<b>Gainesville, FL 32606</b>
3.1 TITLE	<b>Jane Meek - Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Hospice of Citrus County, Inc.</b>
3.3 STREET ADDRESS	<b>3350 W. Audubon Path</b>
3.4 CITY-ST-ZIP	<b>Lecanto, FL 34461-8450</b>
4.1 TITLE	<b>Bob Upton-Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hernando-Pasco Hospice, Inc.</b>
4.3 STREET ADDRESS	<b>12107 Majestic Blvd</b>
4.4 CITY-ST-ZIP	<b>Hudson, FL 34667-2460</b>
5.1 TITLE	<b>Scott Hindman-Vice Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Hospice of Lake &amp; Sumter, Inc.</b>
5.3 STREET ADDRESS	<b>12300 Lane Park Road</b>
5.4 CITY-ST-ZIP	<b>Tavares, FL 32778</b>
6.1 TITLE	<b>000002475930</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/01/98--01093--015</b>
6.3 STREET ADDRESS	<b>***122.50</b>
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: *Rebecca McDonald* **Rebecca McDonald** 2/25/98  
Signature, typed or printed name of signing officer or director Date Daytime Phone # (optional)

CR2E037 (1097)