04201999-90063-049-$70.00-$70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000001345

1. Corporation Name
FLORIDA PALLIATIVE HOME CARE, INC.

Principal Place of Business	Mailing Address
12300 LANE PARK ROAD TAVARES FL 32778	12300 LANE PARK ROAD TAVARES FL 32778

2. Principal Place of Business
21 4200 NW 90th Blvd
Suite, Apt. #, etc.
22
City & State
23 Gainesville, FL
Zip 24 32606-3809 Country 25 U.S.A.

2a. Mailing Address
26 4200 NW 90th Blvd
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32606-3809 Country 30 U.S.A.

3. Date Incorporated or Qualified
03/11/1997

4. FEI Number
59-3434079
☐ Applied For
☐ Not Applicable

5. Certificate 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

MCDONALD, REBECCA
HOSPICE OF LAKE & SUMTER, INC.
12300 LANE PARK ROAD
TAVARES FL 32788

10. Name and Address of New Registered Agent

81 Name: Mary D. Kiefert
82 Street Address (P.O. Box Number Is Not Acceptable): FL Palliative Home Care, Inc.
83: 4200 NW 90th Blvd.
84 City: Gainesville FL 85 Zip Code: 32606-3809

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 D. Kiefert 4/12/1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HEFRIN, PENI 11470 SW 85TH COURT OCALA FL 34481	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Rankin, Les 4300 NW 89th Blvd. Gainesville, FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CED HUGLEY, P. JAN 4200 NW 90TH BLVD. GAINESVILLE FL 32606	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CED Hindman, Scott 700 Boyleston Street Leesburg, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEEK, JANE 3350 W. AUDUBON PATH LECANTO FL 34461-8450	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Stahl, John 6357 Pine Meadows Drive Spring Hill, FL 34606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT UPTON, BOB 12107 MAJESTIC BLVD. HUDSON FL 34667-2460	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DT Allen, Ann 1716 SE 27th Loop Ocala, FL 34481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HINDMAN, SCOTT 12300 LANE PARK ROAD TAVARES FL 32778	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VCD Meek, Jane 3350 W. Audubon Path Lecanto, FL 34461-8450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	MD Kiefert, Mary 4200 NW 90th Blvd. Gainesville, FL 32606-3809	☒ Change ☐ Addition

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 D. Kiefert **REQUIRED** Mary D. Kiefert 4/12/99 352/379-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #