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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	2a. Mailing Address 26 4200 NW 90th Blvd	3. Date Incorporated or Qualified 03/11/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3434079 ☐ Applied For ☐ Not Applicable
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 32606-3809 25 U.S.A.	Zip / Country 29 32606-3809 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONALD, REBECCA HOSPICE OF LAKE & SUMTER, INC. 12300 LANE PARK ROAD TAVARES FL 32788	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 — DATE: 4/12/1999
Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	HEFRIN, PENI		1.2 NAME	Rankin, Les	
STREET ADDRESS	11470 SW 85TH COURT		1.3 STREET ADDRESS	4300 NW 89th Blvd.	
CITY-ST-ZIP	OCALA FL 34481		1.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	CED	☒ DELETE	2.1 TITLE	CED	☒ Change ☐ Addition
NAME	HUGLEY, P. JAN		2.2 NAME	Hindman, Scott	
STREET ADDRESS	4200 NW 90TH BLVD.		2.3 STREET ADDRESS	700 Boyleston Street	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MEEK, JANE		3.2 NAME	Stahl, John	
STREET ADDRESS	3350 W. AUDUBON PATH		3.3 STREET ADDRESS	6357 Pine Meadows Drive	
CITY-ST-ZIP	LECANTO FL 34461-8450		3.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	UPTON, BOB		4.2 NAME	Allen, Ann	
STREET ADDRESS	12107 MAJESTIC BLVD.		4.3 STREET ADDRESS	1716 SE 27th Loop	
CITY-ST-ZIP	HUDSON FL 34667-2460		4.4 CITY-ST-ZIP	Ocala, FL 34481	
TITLE	VCD	☒ DELETE	5.1 TITLE	VCD	☒ Change ☐ Addition
NAME	HINDMAN, SCOTT		5.2 NAME	Meek, Jane	
STREET ADDRESS	12300 LANE PARK ROAD		5.3 STREET ADDRESS	3350 W. Audubon Path	
CITY-ST-ZIP	TAVARES FL 32778		5.4 CITY-ST-ZIP	Lecanto, FL 34461-8450	
TITLE		☐ DELETE	6.1 TITLE	MD	☒ Change ☐ Addition
NAME			6.2 NAME	Kiefert, Mary	
STREET ADDRESS			6.3 STREET ADDRESS	4200 NW 90th Blvd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Gainesville, FL 32606-3809	

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 all addresses, with all other like empowered.

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

CR2E037 (11/98)