2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001345

1. Entity Name

FLORIDA PALLIATIVE HOME CARE, INC.

Principal Place of Business

Mailing Address

4200 NW 90TH BLVD GAINESVILLE FL 32606-3909

4200 NW 90TH BLVD GAINESVILLE FL 32606-3809

| 2. Principal Place o | f Business | 3. Mailing Address | | - |
|----------------------|------------|---------------------|---------|---|
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | - |
| City & State | | City & State | | - |
| Zin | Country | Zip | Country | - |

FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90004 045 ****70.00

DUUNUUUU



2/11/2000 352/379-6217

| Suite, Apt. 4, etc. City & State | 2. Principal Place of Business | | 3. Mailing Address | | | : 100/2007 DIO 10/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/20 100/2 | | | |
|---|--------------------------------|---------------------------------------|--------------------------------------|----------------|------------------------|--|--------------------------|----------------|--|
| Sp. Country Zp | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS | SPACE | | |
| SIGNATURE SINGLE IN SOUTH TO BE STATE ADDRESS OF CURREN ROLE OF CHANGING DESCRIPTIONS OF THE STATE ADDRESS OF CONT. ST. 2P FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS ANAIN, LES ANAIN ANAIN ALLEN, ANN ANAIN, LES ANAIN, LES ANAIN, LES ANAIN, LES ANAIN, LES ANAIN ANAIN ANAIN, LES ANAIN | City & State | | City & State | City & State | | 4. FEI Number 59-3434079 | | <u> </u> | |
| Name | Zip | Country | Zip | Country | 5. Certificate | of Status Desired | \$8.75 Ad Fee Require | ditional ed | |
| Steet Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New Registered | Agent | | |
| RIFERIT, MARY D EP PALLIATIVE HOME CARE, INC. 4200 NW 90TH BLVD GAINESVILLE FL 32806-3809 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE Signature, types or crimed varies of registered agent and the registered agent ag | { | | | Name | | | | | |
| BAINESVILLE FL 32806-3809 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Fiorida. SIGNATURE Signature, byed of private name of registered agent, or both, in the state of Fiorida. FILE NOW: | FL PALLIA | TIVE HOME CARE, INC. | | Street Add | dress (P.O. Box Numb | er is Not Acceptable) | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE Signature, Speed or privated water and registered agent and use if applicable. NOTE: Registered Agent signature required when retinizating) DATE | | | | City | | FL | Zip Cod | e | |
| Trust Fund Contribution | | | | | | | | | |
| TITLE | 1 100 | FEE IS \$61:25 | Trust Fund Contribut | | Added to Fees | Department | t of State | | |
| NAME STREET ADDRESS GITY-ST-ZIP CED TITLE CANTO FL 34461-8450 CITY-ST-ZIP CITY-ST-ZI | 10. | · · · · · · · · · · · · · · · · · · · | RECTORS | 11. | ADDITIONS/CF | IANGES TO OFFICERS AND DI | | | |
| \$170 \$170 | TITLE | CD | ☐ Delete | TITLE | | | Change | Addition | |
| CITY-ST-ZP GAINESVILLE FL 32606 | NAME | RANKIN, LES | | NAME | | | | | |
| CED | STREET ADDRESS | 4300 NW 89TH BLVD | | STREET ADDRESS | | | | | |
| MAME STREET ADDRESS CITY-ST-ZIP CANNON STREET ADDRESS CITY-ST-ZIP CANNON STREET ADDRESS CITY-ST-ZIP COLLAR FL 34748 CITY-ST-ZIP COLLAR FL 34606 CITY-ST-ZIP COLLAR FL 34481 CITY-ST-ZIP CITY-ST-ZIP COLLAR FL 34481 CITY-ST-ZIP CITY-ST-ZIP COLLAR FL 34481 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COLLAR FL 34481 CITY-ST-ZIP CITY-ST-ZI | CITY-ST-ZIP | GAINESVILLE FL 32606 | | CITY-ST-ZIP | | | | | |
| STREET ADDRESS CITY-ST-ZIP | TITLE | CED | XX Delete | TITLE | | | Change | Addition | |
| City-St-ZiP GAINESVILLE FL 34748 | NAME | HINDMAN, SCOTT | | NAME | | | | | |
| NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Delete TITLE CHANGE Addition | STREET ADDRESS | | | STREET ADDRESS | | | | | |
| TITLE VCD | CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP CECANTO FL 34461-8450 CITY-ST-ZIP | TITLE | | ☐ Delete | TITLE | | · · | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP LECANTO FL 34461-8450 TITLE SD STAHL, JOHN STREET ADDRESS CITY-ST-ZIP TITLE DT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MD NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-3809 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | NAME | MEEK, JANE | | NAME | | | | | |
| Delete | STREET ADDRESS | | | STREET ADDRESS | | | | | |
| TITLE SD Delete TITLE NAME STAHL, JOHN STREET ADDRESS G357 PINE MEADOWS DR STREET ADDRESS G17Y-ST-ZIP SPRING HILL FL 34606 Delete TITLE DT Delete TITLE NAME STREET ADDRESS | CITY-ST-ZIP | LECANTO FL 34461-8450 | | CITY-ST-ZIP | | | | | |
| STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE DT NAME ALLEN, ANN STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP | TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE DT NAME ALLEN, ANN STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP | NAME | STAHL, JOHN | | NAME | | | | | |
| CITY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TITLE DT Delete TITLE NAME ALLEN, ANN NAME STREET ADDRESS 1716 SE 27TH LOOP STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP TITLE MD Delete TITLE NAME KIEFERT, MARY NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-3809 CITY-ST-ZIP | STREET ADDRESS | | | STREET ADDRESS | | | | | |
| TITLE DT Delete TITLE NAME NAME STREET ADDRESS 1716 SE 27TH LOOP CITY-ST-ZIP OCALA FL 34481 TITLE MD TITLE MD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | CITY-ST-ZIP | , | | CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP OCALA FL 34481 TITLE MD NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP MD NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-3809 | TITLE | | ☐ Delete | TITLE | - | | Change | ☐ Addition | |
| STREET ADDRESS 1716 SE 27TH LOOP | | 1 — ··· | | : NAME | | | | | |
| CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP TITLE MD Delete TITLE NAME KIEFERT, MARY NAME STREET ADDRESS 4200 NW 90TH BLVD STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-3809 CITY-ST-ZIP | STREET ADDRESS | | | STREET ADDRESS | | | | | |
| TITLE MD Delete TITLE Change Addition NAME KIEFERT, MARY NAME NAME STREET ADDRESS 4200 NW 90TH BLVD STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-3809 CITY-ST-ZIP | CITY-ST-ZIP | ſ | | CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP KIEFERT, MARY NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | TITLE | | □ Noloto | TITLE | | | ☐ Change | Addition | |
| STREET ADDRESS 4200 NW 90TH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | l . | □ Delete | B i | | | | | |
| CITY-ST-ZIP GAINESVILLE FL 32606-3809 CITY-ST-ZIP | | | | | | | | | |
| GAINESVILLE FL 32000-3009 | | | | | | | | | |
| | | | this filing does not qualify for the | | d in Section 119 07/2\ | (i) Florida Statutos I further con | rtify that the | information | |

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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

Mary D Kiefert