

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001345

1. Entity Name

FLORIDA PALLIATIVE HOME CARE, INC.

Principal Place of Business

4200 NW 90TH BLVD
GAINESVILLE FL 32606-3809

Mailing Address

4200 NW 90TH BLVD
GAINESVILLE FL 32606-3809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3434079

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIEFERT, MARY D
FL PALLIATIVE HOME CARE, INC.
4200 NW 90TH BLVD
GAINESVILLE FL 32606-3809

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RANKIN, LES 4300 NW 89TH BLVD GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MEEK, JANE 3350 W. AUDUBON PATH LECANTO FL 34461-8450	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAHL, JOHN 6357 PINE MEADOWS DR SPRING HILL FL 34606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALLEN, ANN 1716 SE 27TH LOOP OCALA FL 34481	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KIEFERT, MARY 4200 NW 90TH BLVD GAINESVILLE FL 32606-3809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HILL, MICHAEL 6700 SW 12th Court Ocala, FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANKIN, LES P.O. Box 749 Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAWHINNEY, TOM P.O. Box 118 Inverness, FL 34451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Mary D. Kiefert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary D. Kiefert

2/22/2001

352/379-6217

Date

Daytime Phone #

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90060 047 *****70.00

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)