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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000002712**

1. Corporation Name
HOSPICE HOLDINGS, INC.

Principal Place of Business	Mailing Address
12107 MAJESTIC BLVD. HUDSON FL 34667	12107 MAJESTIC BLVD. HUDSON FL 34667

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/09/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3467283 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	P	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	LOONEY, JEAN		1.2 NAME	FLECK, PATRICIA	
STREET ADDRESS	7425 CANDLELIGHT COURT		1.3 STREET ADDRESS	5466 Spring Hill Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	VP	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GRUEBEL, KENNETH		2.2 NAME		
STREET ADDRESS	7922 ST RD 42		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FULLER, STEPHANIE		3.2 NAME		
STREET ADDRESS	10531 FARNAM CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAWLEY, JAY		4.2 NAME		
STREET ADDRESS	8105 ROXBORO DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		4.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, RODNEY S		5.2 NAME		
STREET ADDRESS	12107 MAJESTIC BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NILL, CARL		6.2 NAME		
STREET ADDRESS	10815 LOS SANTOS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED 1/26/99 727-863-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #