
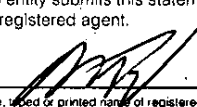
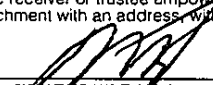


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90034 026 \*\*\*\*70.00

<b>DOCUMENT # N97000002717</b> 1. Entity Name <b>HOSPICE FOUNDATION, INC.</b>					
Principal Place of Business <b>12107 MAJESTIC BOULEVARD HUDSON, FL 33667</b>			Mailing Address <b>12107 MAJESTIC BOULEVARD HUDSON, FL 33667</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>00003343</b>	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3467282</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TAYLOR, RODNEY S 12107 MAJESTIC BLVD HUDSON, FL 34667</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Rodney S. Taylor Executive Dir</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1/2/05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCHUGH, MICHAEL 5397 PATRICIA PLACE SPRING HILL, FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUEBEL, KENNETH 6000 FALL RIVER CIRCLE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLECK, PATRICIA 5466 SPRING HILL DRIVE SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAWLEY, JAY 8105 ROXBORO DR HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TAYLOR, RODNEY S 12107 MAJESTIC BLVD HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILL, CARL 10815 LOS SANTOS DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		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: 		<b>Rodney S. Taylor, Executive Dir</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>DATE</small>		<b>1/2/05 727-863-7971</b> <small>Daytime Phone #</small>			

**ATTACHMENT**  
**DIRECTORS**  
**2004-2005**

50003925  
#UN97000002717

Robert Grimes VP D  
37233 Church Ave  
Dade City, FL 33525

Nancy Cochrane S D  
9231 Grand Cypress Drive  
Weeki Wachee, FL 34613

Clarence Prevatt T D  
Prevatt Funeral Home  
7709 SR 52  
Hudson, FL 34667

Jim Beatty D  
Spring Hill Regional Hospital  
10461 Quality Drive  
Spring Hill, FL 34609

Theresa Brock D  
SunTrust Bank  
6335 US Hwy 19  
New Port Richey, FL 34652

Jay Cawley D  
8325 Monaco Drive  
Port Richey, FL 34668

John Church D  
P O Box 382  
Brooksville, FL 34605

Patricia Fleck D  
5466 Spring Hill Drive  
Spring Hill, FL 34606

George Germann D  
5147 Commercial Way  
Spring Hill, FL 34606

Rev Kenneth F. Gruebel D  
St. Mark's Presbyterian Church  
7922 SR 52  
Hudson, FL 34667

Lowell Harris D  
37420 Meridian Ave  
Dade City, FL 33525

Janet Horn D  
12056 Carver Ave  
New Port Richey, FL 34654

ATTACHMENT

50003925

DIRECTORS

#197000002717

2004-2005

Norman Hoyer, M.D.  
13916 Talmage Loop  
Hudson, FL 34667

D

Nancy Maysilles  
6134 Oakridge Ave  
New Port Richey, FL 34653

D

Harriet Robertson  
8326 Divot Way  
Port Richey, FL 34668

D

Randy Woodruff  
Woodruff & Company  
801 S. Broad Street  
Brooksville, FL 34601

D