

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039087 (8)

1. Corporation Name

SOUTHERN HOSPICE CARE, INC.



Principal Place of Business

200 BREVARD AVENUE
COCOA FL 32922

Mailing Address

200 BREVARD AVENUE
COCOA FL 32922

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LOVERING, LEALAND L
200 BREVARD AVENUE
COCOA FL 32922

4. FEI Number

59-332-3600

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable, the

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARDY, MICHAEL J
STREET ADDRESS 7960 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE PVST ☐ DELETE

NAME PARDY, MICHAEL J
STREET ADDRESS 7960 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE

NAME BRAUN, JOAN
STREET ADDRESS 754 PLAYERS COURT
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE

NAME FISCHER, CHARLES M
STREET ADDRESS 394 ARROWHEAD LANE
CITY-ST-ZIP MELBOURNE FL 32951

TITLE D ☐ DELETE

NAME HERRING, JERRY
STREET ADDRESS 2870 GRASSLAND DRIVE
CITY-ST-ZIP LAKELAND FL 33083

TITLE D ☐ DELETE

NAME LOVERING, LEALAND L
STREET ADDRESS 200 BREVARD AVENUE
CITY-ST-ZIP COCOA FL 32922

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Secretary
Braun, Joan
1601 Hillcrest #68
Mobile, AL 36695

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

334-414-5121

CR2E034 (12/95)