

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32922-7909

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LOVERING, LEALAND L
200 BREVARD AVENUE
COCOA FL 32922

3. Date Incorporated or Qualified

05/17/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3323600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
D PARDY, MICHAEL J
STREET ADDRESS
7980 SOUTH TROPICAL TRAIL
CITY-ST-ZIP
MERRITT ISLAND FL 32952

☐ DELETE

TITLE
NAME
PVST PARDY, MICHAEL J
STREET ADDRESS
7980 SOUTH TROPICAL TRAIL
CITY-ST-ZIP
MERRITT ISLAND FL 32952

☐ DELETE

TITLE
NAME
S BRAUN, JOAN
STREET ADDRESS
1801 HILLCREST #68
CITY-ST-ZIP
MOBILE AL 36695

☐ DELETE

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

☒ DELETE

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

☒ DELETE

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

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME
Guy D
Guy Hoagland
STREET ADDRESS
801 Inverness Avenue
CITY-ST-ZIP
Melbourne FL 32940

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joan M. Braun

Joan M. Braun

4-28-97

205-408-2933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0101071

CR2E034 (9/96)