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Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000049226 (8)

1. Corporation Name

HOSPICE SYSTEMS, INC.



Principal Place of Business

Mailing Address

300 E. BAY DR.
LARGO FL 33770-3770

300 E. BAY DR.
LARGO FL 33770-3770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JACOBS, RICHARD O
13577 FEATHER SOUND DR.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

MARY J. LABYAK

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

300 East Bay Drive

83

84 City

Largo

FL 85 Zip Code

33770

11. Pursuant to the provisions of Sections 607.0502 and 607.1003, 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 607.0105, Florida Statutes.

SIGNATURE MARY J. LABYAK

Feb. 2, 1998

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME Mary J. Labyak
STREET ADDRESS 300 East Bay Drive
CITY-ST-ZIP Largo, FL 33770

TITLE NAME ☐ DELETE

NAME Patrick Barmore
STREET ADDRESS 2913 Weston Terrace
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE NAME ☐ DELETE

NAME David Ridenour
STREET ADDRESS 2919 Wycombe Way
CITY-ST-ZIP Palm Harbor, FL 34685

TITLE NAME ☐ DELETE

NAME Kim Walter
STREET ADDRESS 12955 Sarah Lane North
CITY-ST-ZIP Largo, FL 33773

TITLE NAME ☐ DELETE

NAME Betty Oldanie
STREET ADDRESS 11692 Parkview Lane
CITY-ST-ZIP Seminole, FL 33772

TITLE NAME ☐ DELETE

NAME Scott Kistler
STREET ADDRESS 517 1st Street - No. 5
CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Feb. 2, 1998 (813) 586-4432

CR2E034 (10/97)