

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90059 038 \*\*\*158.75

DOCUMENT # P97000049226

1. Corporation Name  
HOSPICE SYSTEMS, INC.



Principal Place of Business

300 E. BAY DR.  
LARGO FL 33770-3770

Mailing Address

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 59-350-2780

~~APPLIED FOR X~~

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LABYAK, MARY J  
300 EAST BAY DRIVE  
LARGO FL 33770

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 Mary J. Labyak, President

2/22/99

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 P ☐ DELETE

NAME LABYAK, MARY J  
STREET ADDRESS 300 EAST BAY DRIVE  
CITY-ST-ZIP LARGO FL 33770

TITLE CD ☐ DELETE

NAME BARMORE, PATRICK  
STREET ADDRESS 2913 WESTON TERRACE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ DELETE

NAME RIDEMOUR, DAVID  
STREET ADDRESS 2919 WYCOMBE WAY  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD ☐ DELETE

NAME WALTER, KIM  
STREET ADDRESS 12955 SARAH LANE NORTH  
CITY-ST-ZIP LARGO FL 33773

TITLE TD ☐ DELETE

NAME OLDANIE, BETTY  
STREET ADDRESS 11692 PARKVIEW LANE  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VCD ☐ DELETE

NAME KISTLER, SCOTT  
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

RideNour, David

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARY J. LABYAK

2/22/99

727-588-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)