

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000049226**

1. Entity Name

**HOSPICE SYSTEMS, INC.****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90095 019 \*\*\*150.00

Principal Place of Business

Mailing Address

**300 E. BAY DR.  
LARGO FL 33770-3770****300 E. BAY DR.  
LARGO FL 33770-3716**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3502780**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LABYAK, MARY J  
300 EAST BAY DRIVE  
LARGO FL 33770**

Name

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

City

**FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LABYAK, MARY J	300 EAST BAY DRIVE	LARGO FL 33770				
CD	BARMORE, PATRICK	2913 WESTON TERRACE	PALM HARBOR FL 34685				
D	RIDENOUR, DAVID	2919 WYCOMBE WAY	PALM HARBOR FL 34685				
SD	WALTER, KIM	12955 SARAH LANE NORTH	LARGO FL 33773	SD	BELL, MICHAEL	300 EAST BAY DRIVE	LARGO, FL 33770-3770
TD	OLDANIE, BETTY	11692 PARKVIEW LANE	SEMINOLE FL 33772				
VCD	KISTLER, SCOTT	517 1ST STREET - NO 5	INDIAN ROCKS BEACH FL 33785				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LABYAK** 4-5-00 727-586-4432