

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 # **V35972 (1)**

1. Corporation Name
HOSPICE, INC.



Principal Place of Business Mailing Address
**ATTN: LEGAL DEPARTMENT
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI FL 33131**

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

4. FEI Number **65-0160635** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 of principal or other authorized registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	WESTBROOK, HUGH A	
STREET ADDRESS	100 S BISCAYNE BLVD., SUITE 1500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DECO	<input checked="" type="checkbox"/> DELETE
NAME	COLLIER, EARL M JR.	
STREET ADDRESS	100 S BISCAYNE BLVD., SUITE 1500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIFLOWER, ESTHER T	
STREET ADDRESS	100 S BISCAYNE BLVD. STE 1500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, J. R	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	OHLENDORF, MARK	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STERLING, MARK A	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	E NEVIN, RICHARD I., JR
2.3 STREET ADDRESS	100 S BISCAYNE BLVD., SUITE 1500
2.4 CITY-ST-ZIP	MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS CHRISTMANN, KATHRYN A.
6.3 STREET ADDRESS	100 S Biscayne Blvd., Suite 1500
6.4 CITY-ST-ZIP	Miami, FL 33131

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96 (305) 350-6044
Date Daytime Phone #

CR2E034 (12/95)