

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

ATTN: LEGAL DEPARTMENT  
 100 S. BISCAYNE BLVD., SUITE 1500  
 MIAMI FL 33131

Mailing Address

ATTN: LEGAL DEPARTMENT  
 100 S. BISCAYNE BLVD., SUITE 1500  
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

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

8. Name and Address of Current 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	[ ] DELETE
NAME	WESTBROOK, HUGH A	
STREET ADDRESS	100 S BISCAYNE BLVD., SUITE 1500	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AS	[X] DELETE
NAME	CHRISTMANN, KATHRYN A.	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	
CITY-STATE-ZIP	MIAMI FL	
TITLE	AS	[ ] DELETE
NAME	HARRIS, PETER H.	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	WILLIAMS, J. R	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VTAS	[X] DELETE
NAME	OHLENDORF, MARK	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	[ ] DELETE
NAME	STERLING, MARK A	
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1500	
CITY-STATE-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	Treasurer, Vice President, & Assistant Secretary [ ] Change [X] Addition
2.2 NAME	David A. Wester
2.3 STREET ADDRESS	100 S. Biscayne Blvd., Suite 1500
2.4 CITY-STATE-ZIP	Miami, Florida 33131
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	Senior Vice President [ ] Change [X] Addition
5.2 NAME	Thomas E. Combs
5.3 STREET ADDRESS	100 S. Biscayne Blvd., Suite 1500
5.4 CITY-STATE-ZIP	Miami, Florida 33131
6.1 TITLE	Senior Vice President [X] Change [ ] Addition
6.2 NAME	Mark A. Sterling
6.3 STREET ADDRESS	"Same Address"
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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

8/13/98

(305) 374-4143

CR2E034 (5/98)