

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V35972**

1. Entity Name
HOSPICE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90132 020 ***150.00

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 33131-2021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0160635	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE DCEO	<input type="checkbox"/> Delete
NAME WESTBROOK, HUGH A	
STREET ADDRESS 100 S BISCAYNE BLVD., SUITE 1500	
CITY-ST-ZIP MIAMI FL	
TITLE VPT, CFO, Treasurer	<input type="checkbox"/> Delete
NAME WESTER, DAVID A.	
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500	
CITY-ST-ZIP MIAMI FL 33131	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME HARRIS, PETER H.	
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 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 SVP	<input checked="" type="checkbox"/> Delete
NAME COMBS, THOMAS E.	
STREET ADDRESS 100 S BISCAYNE BLVD., STE 1500	
CITY-ST-ZIP MIAMI FL 33131	
TITLE SVP	<input checked="" type="checkbox"/> Delete
NAME STERLING, MARK A	
STREET ADDRESS 100 S BISCAYNE BLVD., STE 1500	
CITY-ST-ZIP MIAMI FL 33131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Esther Colliflower	
STREET ADDRESS 100 S. Biscayne Blvd., Ste., 1500	
CITY-ST-ZIP Miami, FL 33131	
TITLE Chief of Hospice Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Deirdre Lawe	
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500	
CITY-ST-ZIP Miami, FL 33131	
TITLE Sr. V.P. - Patient & Family Svcs.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Peggy Pettit	
STREET ADDRESS 100.S. Biscayne Blvd., Ste. 1500	
CITY-ST-ZIP Miami, FL 33131	
TITLE V.P. General Counsel & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert D. Clark	
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500	
CITY-ST-ZIP Miami, FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Robert D. Clark* **Robert D. Clark** Date _____ Daytime Phone # **305-350-6921**

CR2E034 (9/99)