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FILED

Feb 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759883 (2)

1. Corporation Name

HOSPICE OF THE TREASURE COAST, INCORPORATED

Principal Place of Business

Mailing Address

600 ATLANTIC AVE  
FORT PIERCE FL 34950  
USP. O. BOX 1748  
FORT PIERCE FL 34954-1748  
US

2. Principal Place of Business

2a. Mailing Address

21 805 Virginia Ave.

26

Suite, Apt. #, etc.

22 Suite 15

27

City &amp; State

23 Fort Pierce Fl.

28

Zip

Country

24 34982

25

St. Lucie

29

Zip

Country

30

3. Date Incorporated or Qualified  
09/02/19813a. Date of Last Report  
02/02/1996

4. FEI Number

59-2199023

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

RIVERS, SHARON A  
913 SE 8TH AVE  
OKEECHOBEE FL 34974

81 Name

Rivers, Sharon A.

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

807 Mulberry Street

83

84 City

Sebastian

85

Zip Code

FL

32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO  
NAME RIVERS, SHARON A  
STREET ADDRESS 913 SE 8TH AVE  
CITY-ST-ZIP OKCHOBEE FL  
☐ DELETE1.1 TITLE PCEO  
1.2 NAME Rivers, Sharon A.  
1.3 STREET ADDRESS 807 Mulberry Street  
1.4 CITY-ST-ZIP Sebastian, Fl. 32958  
☒ Change ☐ AdditionTITLE TC  
NAME HENDRICKSON, KEVIN  
STREET ADDRESS 210 ORANGE AVENUE  
CITY-ST-ZIP FT. PIERCE FL  
☒ DELETE2.1 TITLE DC  
2.2 NAME J. Hal Roberts, Jr.  
2.3 STREET ADDRESS 1100 SW St. Lucie West Blvd.  
2.4 CITY-ST-ZIP Port St. Lucie, Fl. 34952  
☒ Change ☐ AdditionTITLE TVC  
NAME ROBERTS, J. H JR  
STREET ADDRESS 10570 S FEDERAL HWY  
CITY-ST-ZIP PORT ST LUCIE FL  
☐ DELETE3.1 TITLE VC  
3.2 NAME Dr. Robert J. Norton  
3.3 STREET ADDRESS 2215 Nebraska Avenue Ste. 3-D  
3.4 CITY-ST-ZIP Fort Pierce, Fl. 34950  
☐ Change ☒ AdditionTITLE DS  
NAME KUHN, ELIZABETH A  
STREET ADDRESS 102 NE JETTIE TERRACE  
CITY-ST-ZIP PORT ST. LUCIE FL  
☐ DELETE4.1 TITLE T  
4.2 NAME Stephen M. Farinacci  
4.3 STREET ADDRESS 3208 Memory Lane  
4.4 CITY-ST-ZIP Fort Pierce, Fl. 34982-7289  
☐ Change ☒ AdditionTITLE DC  
NAME HAISLEY, RICHARD F  
STREET ADDRESS 3015 OKEECHOBEE RD  
CITY-ST-ZIP FT PIERCE FL  
☒ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rivers P/CEO

1/21/97 561-465-0504

CR2E037 (9/96)