

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90032 038 \*\*\*\*\*61.25

**DOCUMENT # 759883**

1. Entity Name

**HOSPICE OF THE TREASURE COAST, INCORPORATED**



Principal Place of Business

2500 VIRGINIA AVE  
STE 202  
FORT PIERCE FL 34981  
US

Mailing Address

1201 SE INDIAN ST  
STUART FL 34997  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2199023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOX, M. LANNING  
1100 S. FEDERAL HWY  
STUART FL 34995

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENSON, LOUIS	
STREET ADDRESS	1201 SE INDIAN ST	
CITY - ST - ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, JEAN	
STREET ADDRESS	1339 SE PORT ST LUCIE BLVD	
CITY - ST - ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAISLEY, RICHARD	
STREET ADDRESS	3015 OKEECHOBEE ROAD	
CITY - ST - ZIP	FORT PIERCE FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENS, ROBERT	
STREET ADDRESS	476 THAMES BLUFF RIDGE	
CITY - ST - ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Dzidra	
STREET ADDRESS	632 NW Venetto Ct.	
CITY - ST - ZIP	Port. St. Lucie, FL 34986	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mosley, Terry	
STREET ADDRESS	4949 S US Highway #1	
CITY - ST - ZIP	Ft. Pierce, FL 34952	
TITLE	T+S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clemens, Robert	
STREET ADDRESS	476 Thames Bluff Ridge	
CITY - ST - ZIP	Ft. Pierce, FL 34982	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert Clemens* **Robert Clemens** **2-28-06**