

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759883

FILED
Apr 25, 2008
Secretary of State

Entity Name: HOSPICE OF THE TREASURE COAST, INCORPORATED

Current Principal Place of Business:

2500 VIRGINIA AVE
STE 202
FORT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

1201 SE INDIAN ST
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2199023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSLEY, TERRY L
Address: 2191 SE BISBEE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: VPD () Delete
Name: VON ALDENBRUCK, GYTHA
Address: 8900 S OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: T/S () Delete
Name: BARATTA, ANTHONY J
Address: 7648 GREEN BRIER CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LEE, LARRY J
Address: 5150 NW MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: PD (X) Change () Addition
Name: VON ALDENBRUCK, GYTHA
Address: 8900 S OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: T/S (X) Change () Addition
Name: HENDRY, BARBARA H
Address: 2878 SW BRIGHTON WAY
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL MARTELLO

DIR

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date