

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759883

FILED  
Jun 01, 2009  
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 (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

CFO

06/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date