2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# 759883

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)**

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: T/S
Name: LEE, LARRY J
Address: 503 NW BLUE LAKE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: C
Name: MOORE, WILLIAM
Address: 673 SW WHISPERING PALM LANE
City-St-Zip: PALM CITY, FL 34990

Title: VC
Name: FOWLER, MICHAEL D
Address: 1680 SW ST. LUCIE WEST BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: CEO
Name: BENSON, LOUIS
Address: 137 SOUTH SHORE ROAD
City-St-Zip: STUART, FL 34994

Title: VP
Name: DECUBA, SUSAN
Address: 6903 PACIFIC AVE
City-St-Zip: FT PIERCE, FL 34951

I hereby 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 all other like empowered.

SIGNATURE: CARL MARTELLO DIR 01/06/2011

Electronic Signature of Signing Officer or Director Date