

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 05, 2011
Secretary of State

DOCUMENT# 759883

Entity Name: HOSPICE OF THE TREASURE COAST, INCORPORATED**Current Principal Place of Business:**5000 DUNN ROAD
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: TREA
Name: BROWN, MICHAEL SR
Address: 3117 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982 US

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

Title: VC
Name: PIERSON, JAMES
Address: 1216 NW WINTERS CREEK ROAD
City-St-Zip: PALM CITY, FL 34990

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

Title: SEC
Name: FIELDS, JORDAN
Address: 416 SE CORTEZ AVE
City-St-Zip: STUART, FL 34494

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

05/05/2011

Electronic Signature of Signing Officer or Director

Date