FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761214 (6)

1. Corporation Name

HOSPICE OF MARTIN, INC.

Principal Place of Business	Mailing Address
2300 SE OCEAN BLVD STUART FL 34996	2300 SE OCEAN BLVD STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1981
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2171740 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2030 SE Ocean Blvd.	26 2030 SE Ocean Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip / Country 24 34996 / 25 Martin	Zip / Country 29 34996 / 30 Martin

9. Name and Address of Current Registered Agent

KNOX, MARY C.
2300 SE OCEAN BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2030 SE Ocean Blvd.
83
84 City Stuart FL 85 Zip Code 34996

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary C Knox MARY C KNOX DATE: 3/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KORDICK, JOSEPH	1.2 NAME	Daunoras, Richard	
STREET ADDRESS	2555 S.W. MANOR HILL	1.3 STREET ADDRESS	1741 SW Thornberry Circle	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	PD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	RASMUSEN, ROGER	2.2 NAME	Nuhn, Perry	
STREET ADDRESS	2001 SAILFISH PT. BLVD	2.3 STREET ADDRESS	9067 SE Star Island Way	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	VD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	MC GAVOCK, PATRICK	3.2 NAME	Boyle, Jeanne	
STREET ADDRESS	874 SE POLYNESIAN AVENUE	3.3 STREET ADDRESS	4061 SW Parkgate Blvd.	
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	Palm City, FL 34990	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, JAMES	4.2 NAME		
STREET ADDRESS	2400 SO FEDERAL HWY	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	M	5.1 TITLE		☐ Change ☐ Addition
NAME	KNOX, MARY CANNING	5.2 NAME		
STREET ADDRESS	8631 SE SOUNDING PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C Knox MARY C KNOX 3/10/95 407-287-7860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070030