

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 761214 (6)**

1. Corporation Name

**THE HOSPICE OF MARTIN & ST. LUCIE, INC.**



Principal Place of Business

Mailing Address

2030 SE OCEAN BLVD  
STUART FL 34996  
US

2030 SE OCEAN BLVD  
STUART FL 34996  
US

3. Date Incorporated or Qualified **12/23/1981** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2171740		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KNOX, MARY C.**  
2030 SE OCEAN BLVD  
STUART FL 34996

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUNORAS, RICHARD	1.2 NAME	Perry Nuhn
STREET ADDRESS	1741 SW THORNBERRY CIR	1.3 STREET ADDRESS	9067 SE Star Island Way
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUHN, PERRY	2.2 NAME	Micheal Capps
STREET ADDRESS	9067 SE STAR ISLAND WAY	2.3 STREET ADDRESS	5983 River Boat Drive
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Stuart, Florida 34997
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JEANNE	3.2 NAME	
STREET ADDRESS	4061 SW PARKGATE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, MARY CANNING	5.2 NAME	Mary Canning Knox
STREET ADDRESS	8631 SE SOUNDING PL	5.3 STREET ADDRESS	8631 SE Sounding PL
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)