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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34996-3304
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1981	3a. Date of Last Report 02/28/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2171740	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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 *Mary C. Knox* **Executive Director**

DATE

2/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/Director ☒ Change ☐ Addition
NAME	DAUNORAS, RICHARD	1.2 NAME	Capps, Micheal
STREET ADDRESS	1741 SW THORNBERRY CIR	1.3 STREET ADDRESS	5983 River Boat Drive
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Stuart, Florida 34997 ☐ Change ☐ Addition
TITLE	PD ☒ DELETE	2.1 TITLE	
NAME	NUHN, PERRY	2.2 NAME	
STREET ADDRESS	9087 SE STAR ISLAND WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Treasurer/Director ☒ Change ☐ Addition
NAME	BOYLE, JEANNE	3.2 NAME	Arteaga, Rene'
STREET ADDRESS	4061 SW PARKGATE BLVD	3.3 STREET ADDRESS	898 SE Kendall Avenue
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	SD	4.1 TITLE	Secretary/Director ☒ Change ☐ Addition
NAME	HIGGINS, JAMES	4.2 NAME	Higgins, James
STREET ADDRESS	2400 SO FEDERAL HWY	4.3 STREET ADDRESS	800 SE Monterey Commons-Suite 200
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, Florida 34996
TITLE	M	5.1 TITLE	Executive Director ☒ Change ☐ Addition
NAME	KNOX, MARY CANNING	5.2 NAME	Knox, Mary Canning
STREET ADDRESS	8831 SE SOUNDING PL	5.3 STREET ADDRESS	439 SE Hibiscus Avenue
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Stuart, Florida 34996
TITLE	VPD	6.1 TITLE	Vice President/Director ☒ Change ☐ Addition
NAME	CAPPS, MICHAEL	6.2 NAME	Brock, Lee
STREET ADDRESS	5983 RIVER BOAT DRIVE	6.3 STREET ADDRESS	952 SW 37th Terrace
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Palm City, FL 34990

14. I do hereby certify that the information supplied with this filing 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* **Executive Director**

CR2E037 (9/96)