

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2030 SE OCEAN BLVD STUART FL 34996 US	Mailing Address 2030 SE OCEAN BLVD STUART FL 34996 US
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3. Date Incorporated or Qualified 12/23/1981		
4. FEI Number 59-2171740	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNOX, MARY C.
2030 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)	
83	
84 City	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 **2/17/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAPPS, MICHEAL	
STREET ADDRESS	5983 RIVER BOAT DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARTEAGA, RENE'	
STREET ADDRESS	898 S.E. KENDALL AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGGINS, JAMES	
STREET ADDRESS	800 S.E. MONTEREY COMMONS-SUITE 200	
CITY-ST-ZIP	STUART FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	KNOX, MARY CANNING	
STREET ADDRESS	439 S.E. HIBISCUS AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BROCK, LEE	
STREET ADDRESS	952 S.W. 37TH TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brock, Lee	
1.3 STREET ADDRESS	952 SW 37th Terrace	
1.4 CITY-ST-ZIP	Palm City, FL 34990	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wishart, Ronald	
5.3 STREET ADDRESS	1329 Lancewood Terrace	
5.4 CITY-ST-ZIP	Palm City, FL 34990	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 **2/17/98** **361-287-7860**
Signature, typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (10/97)