2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
03-08-2000 90055 009 ****61.25

DOCUMENT # 761214

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2171740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNOX, MARY C. 2030 SE OCEAN BLVD STUART FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROCK, LEE 952 SW 37TH TERR PALM CITY FL 34990	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wishart, Ronald 1329 Lancewood Terrace Palm City, Fl 34990	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARTEAGA, RENE' 898 S.E. KENDALL AVE. PORT ST. LUCIE FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Wright, Danita 803 SE Pinewood Terrace Port St. Lucie, Fl 34952	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIGGINS, JAMES 800 S.E. MONTEREY COMMONS-SUITE 200 STUART FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Williams, Pete 3251 SE Dixie Hwy Stuart, Fl 34997	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED KNOX, MARY CANNING 439 S.E. HIBISCUS AVE. STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Eller, Ray 729 S. Federal Hwy, Ste 300 Stuart, Fl 34994	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WISHART, RONALD 1329 LANCEWOOD TERR PALM CITY FL 34990	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03/06/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #