2001 UNIFORM BUSINESS REPORT (UBR)

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Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # 761214** THE HOSPICE OF MARTIN & ST. LUCIE, INC. 01-10-2001 90062 030 ****61.25 Principal Place of Business Mailing Address 2030 SE OCEAN BLVD 2030 SE OCEAN BLVD STUART FL 34996 671071 STUART FL 34996 HS. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2171740 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) KNOX, MARY C. 2030 SE OCEAN BLVD STUART FL 34996 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE VPD TITLE WISHART, RONALD NAME Roy Mayes NAME 1329 LANCEWOOD TERR STREET ADDRESS 6881 SE No. Marina Way STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Stuart. FL 34996 ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE WRIGHT, DANITA NAME 803 SE PINEWOOD TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-PORT SAINT LUCIE FL 34952 ☐ Change Addition TITLE ☐ Delete TITLE WILLIAMS, PETE NAME NAME STREET ADDRESS 3251 SE DIXIE HWY STREET ADDRESS STUART FL 34997 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE KNOX, MARY CANNING NAME NAME 439 S.E. HIBISCUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Addition XX Delete TITLE TITLE ELLER, RAY NAME NAME 729 S FEDERAL HWY STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP STUART FL 34994 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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