

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2004
Secretary of State**

DOCUMENT# 761214

Entity Name: THE HOSPICE OF MARTIN & ST. LUCIE, INC.

Current Principal Place of Business:

2030 SE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

1201 SE INDIAN ST.
STUART, FL 34997 US

Current Mailing Address:

1201 SE INDIAN STREET
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2171740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICIA
1201 SE INDIAN STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

NORMAN, KENT
1201 SE INDIAN STREET
STUART, FL 34997 US

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: DR. KENT NORMAN 02/24/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYES, ROY E
Address: 6881 SE NORTH MARINA WAY
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: JOHNSON, BONNEY A
Address: 1934 SE WASHINGTON ST
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: EPSKY, THOMAS D
Address: 2120 SE WILD MEADOWS CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: ELLER, RAY
Address: 1201 SE INDIAN STREET
City-St-Zip: STUART, FL 34997

Title: CFO () Delete
Name: OLIVER, LEE
Address: 1201 SE INDIAN STREET
City-St-Zip: STUART, FL 34997

Title: CEO () Delete
Name: MURPHY, PATRICIA
Address: 1201 SE INDIAN STREET
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: NORMAN, KENT
Address: 1201 SE INDIAN STREET
City-St-Zip: STUART, FL 34997 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. KENT NORMAN CEO 02/24/2004
Electronic Signature of Signing Officer or Director Date