

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 048 ****61.25

DOCUMENT # 761214
 1. Entity Name
THE HOSPICE OF MARTIN & ST. LUCIE, INC.



Principal Place of Business Mailing Address
1201 SE INDIAN ST. **1201 SE INDIAN ST.**
STUART FL 34997 **STUART FL 34997**
US **US**

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 Applied For
59-2171740 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
NORMAN, D. KENT
1201 SE INDIAN STREET
STUART FL 34997

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

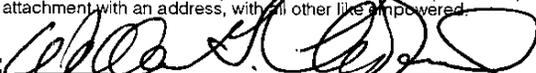
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAYES, ROY E	
STREET ADDRESS	6881 SE NORTH MARINA WAY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BONNEY A	
STREET ADDRESS	1934 SE WASHINGTON ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EPSKY, THOMAS D	
STREET ADDRESS	2120 SE WILD MEADOWS CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELLER, RAY	
STREET ADDRESS	1201 SE INDIAN STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, LEE	
STREET ADDRESS	1201 SE INDIAN STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, KENT	
STREET ADDRESS	1201 SE INDIAN STREET	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Clifford	
STREET ADDRESS	5671 SE Winged Foot Dr.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. Willard Lutz	
STREET ADDRESS	231 SE Harbor Point Dr.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05
 Date Daytime Phone #