2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# 761214

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

Current Principal Place of Business:

1201 SE INDIAN ST.
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

1201 SE INDIAN ST.
STUART, FL 34997 US

New Mailing Address:

FEI Number: 59-2171740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLIFFORD, WILLIAM
Address: 5671 S E WINGED FOOT DR
City-St-Zip: STUART, FL 34997

Title: S ( ) Delete
Name: LUTZ, A WILLARD
Address: 231 SE HARBOR POINT DR
City-St-Zip: STUART, FL 34996

Title: VPD ( ) Delete
Name: JOHNSON, BONNEY
Address: 819 S. FEDERAL HWY., SUITE 100
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: MAYES, ROBERT L
Address: 1516 SE MANGO PLACE
City-St-Zip: STUART, FL 34996

Title: VP (X) Change ( ) Addition
Name: MOORE, WILLIAM
Address: 673 SW WHISPERING PALM LANE
City-St-Zip: PALM CITY, FL 34991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM CLIFFORD P 07/09/2007

Electronic Signature of Signing Officer or Director — Date