

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761214

FILED  
Jan 06, 2011  
Secretary of State

**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 (X)

**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: C  
Name: MOORE, WILLIAM  
Address: 673 SW WHISPERING PALM LANE  
City-St-Zip: PALM CITY, FL 34990

Title: T/S  
Name: LEE, LARRY  
Address: 503 NW BLUE LAKE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VC  
Name: FOWLER, MICHAEL D  
Address: 1680 SW ST. LUCIE WEST BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: CEO  
Name: BENSON, LOUIS  
Address: 137 SOUTH SHORE ROAD  
City-St-Zip: STUART, FL 34994

Title: VP  
Name: DECUBA, SUSAN  
Address: 6903 PACIFIC AVE  
City-St-Zip: FT PIERCE, FL 34951

I hereby 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 all other like empowered.

SIGNATURE: CARL MARTELLO

DIR

01/06/2011

Electronic Signature of Signing Officer or Director

Date