## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED** May 05, 2011 **DOCUMENT#761214** Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

1201 SE INDIAN ST. STUART, FL 34997 US

**Current Mailing Address: New Mailing Address:** 

1201 SE INDIAN ST. STUART, FL 34997 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:** 

MOORE, WILLIAM Name:

Address: 673 SW WHISPERING PALM LANE

City-St-Zip: PALM CITY, FL 34990

Title: TREA

Name: BROWN, MICHAEL SR Address: 3117 S INDIAN RIVER DRIVE City-St-Zip: FORT PIERCE, FL 34982

Title: SEC

FIELDS, JORDAN Name: Address: 416 WE CORTEZ AVE City-St-Zip: STUART, FL 34994

Title: CEO

Name: BENSON, LOUIS

Address: 137 SOUTH SHORE ROAD City-St-Zip: STUART, FL 34994

VΡ Title:

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

Title:

PIERSON, JAMES Name:

Address: 1216 NW WINTERS CREEK ROAD

PALM CITY, FL 34990 City-St-Zip:

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 05/05/2011