

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761214

FILED
Jan 10, 2012
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: VC
Name: PASSERI, ANDREW
Address: 9679 LANDINGS DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: SEC
Name: FIELDS, JORDAN
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

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

Title: C
Name: PIERSON, JAMES
Address: 1216 NW WINTERS CREEK ROAD
City-St-Zip: PALM CITY, FL 34990

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

01/10/2012

Electronic Signature of Signing Officer or Director

Date