


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23168 (0)**  
 1. Corporation Name  
**THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, IN C.**



Principal Place of Business <b>2030 SE OCEAN BLVD STUART FL 34996-0327 US</b>	Mailing Address <b>2030 SE OCEAN BLVD STUART FL 34996-3304 US</b>
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3. Date Incorporated or Qualified <b>10/26/1987</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number <b>65-0047497</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**KNOX, MARY C  
2030 SE OCEAN BLVD  
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Mary C Knox* (NOTE: Registered Agent signature required when reinstating) DATE: **2/4/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAUNORAS, RICHARD	
STREET ADDRESS	1741 SW THORN BERRY CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NUHN, PERRY	
STREET ADDRESS	9067 SE STAR ISLAND WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGGINS, JAMES	
STREET ADDRESS	2400 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOX, MARY CANNING	
STREET ADDRESS	8631 SE SOUNDING PL	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYLE, JEANNE	
STREET ADDRESS	4061 SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	CAPPS, MICHAEL	
STREET ADDRESS	5983 RIVER BOAT DRIVE	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Capps, Micheal	
1.3 STREET ADDRESS	5983 River Boat Dr.	
1.4 CITY-ST-ZIP	Stuart, FL 34997	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Higgins, James	
3.3 STREET ADDRESS	800 SE Monterey Commons, Suite 200	
3.4 CITY-ST-ZIP	Stuart, FL. 34996	
4.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Knox, Mary Canning	
4.3 STREET ADDRESS	439 SE Hibiscus Avenue	
4.4 CITY-ST-ZIP	Stuart, FL 34996	
5.1 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arteaga, Rene'	
5.3 STREET ADDRESS	898 SE Kendall Avenue	
5.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
6.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Brock, Lee	
6.3 STREET ADDRESS	952 SW 37th Terrace	
6.4 CITY-ST-ZIP	Palm City, FL 34990	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary C Knox* REQUIRED DATE: **2/4/97** (560) 237-7860 Baytime Phone # 0072163

CR2E037 (9/96)