FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23168

1. Corporation Name

THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, IN

Principal Place of Business 2030 SE OCEAN BLVD STUART FL 34996-0327

Mailing Address

2030 SE OCEAN BLVD STUART FL 34996-0327

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90252 049 ***122.50



US			(1887)101 did 11880 litet iigid diibi lant angit arai) asan asan anan asan 2001				
incipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
# 615						I An	plied For
. #, etc.	 - - - - - - - - - -				• • •		t Applicable
to .							
	⊢ ′			5. Certifcate of Status Desired			
Country		Country		6 Election Campaign Financing		\$5.00	May Re
_ ′	— r-			1	Added to Fees		
	 				Registered A		
o. Hallie die Addios of Galleria		81	Name				
,							
F1 F1		82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
		83	<u> </u>				
FL 34996							
		84	City		FL	85 Zip	Code
to the provisions of Sections 617 0502	and 617.1508 Florida Statutes	s. the above	e-named corpo	oration submits this statement for the	purpose of o	changing its	registered
registered agent, or both, in the State o	f Florida. Such change was auf	norized by	the corporatio	on's board of directors. I hereby accep	pt the appoin	tment as re	gistered
MANAGE KAA		_		cutive Director		9	
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Ager	nt signature required		DATE		
OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS ANI		
PD	☐ DELETE	1.1 TITLE				Change	Addition
BROCK, LEE		1.2 NAME	ĺ				
952 SW 37 TERRACE		1.3 STREE	T ADORESS				
PALM CITY FL 34990		1.4 CITY-S	T-ZIP				
	☐ DELETE	2.1 TITLE				Change	□ Addition
HIGGINS JAMES		2.2 NAME		I			
	SHITE 200	2.3 STREE	TADORESS				
1	001112 200			ما د های است.		~-	
 	☐ DELETE	3.1 TITLE				Change	Addition
I		3.2 NAME		ı	,	•	
			TADORESS				
			1				
	□ DELETE					Change	Addition
, ·			1	•		•	
			1	•			
	∏ DELETE	_	1-217			☐ Change	Addition
1	□ nerest					٥٠٠٠٠١٥٥ يى	
			TADORESS				
1329 LANCEWOOD TERRACE							
) PARES AND PROPERTY OF A PARENTY OF THE PARENTY OF							
PALM CITY FL 34990	DELETE	5.4 C/TY-S	1-21			Change	☐ Addition
PALM CITY FL 34990	☐ DELETE	6.1 TITLE	1-20			Change	Addition
PALM CITY FL 34990	DELETE	6.1 TITLE 6.2 NAME	T ADDRESS			Change	Addition
	Country 25 9. Name and Address of Current ARY C OCEAN BLVD FL 34996 It to the provisions of Sections 617.0502 registered agent, or both, in the State or am familiar, with, and accept the obligation of Sections 617.0502 registered agent, or both, in the State or am familiar, with, and accept the obligation of Sections 617.0502 FD BROCK, LEE 952 SW 37 TERRACE PALM CITY FL 34990 SD HIGGINS, JAMES 800 SE MONTEREY COMMONS, STUART FL ED KNOX, MARY CANNING 439 SE HIBISCUS AVENUE STUART FL TD ARTEGA, RENE' 878 SE KENDALL AVENUE PORT ST. LUCIE FL VPD WISHART, RONALD	Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. City & State 2c. Zip 2d. Zip 2s. P. Name and Address of Current Registered Agent ARY C OCEAN BLVD FL 34996 2c. Country 2d. Zip 2d. Zip 2e. Z	Place of Business 28 #, etc. Suite, Apt. #, etc. City & State 28 Country 25 9. Name and Address of Current Registered Agent ARY C OCEAN BLVD FL 34996 Ito the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above registered agent, or both, in the State of Florida. Such change was authorized by am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes and Mary C. Kr. Signature, hyped or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD BROCK, LEE 952 SW 37 TERRACE PALM CITY FL 34990 SD DELETE 11 TITLE 12 NAME 13 STREE PALM CITY FL 34990 DELETE LITTLE ED MONTEREY COMMONS, SUITE 200 STUART FL ED DELETE 4.1 TITLE 4.2 NAME 3.3 STREE STUART FL DELETE 4.1 TITLE 4.2 NAME 4.39 SE HIBISCUS AVENUE STUART FL DELETE 4.1 TITLE 4.2 NAME 4.3 STREE PORT ST. LUCIE FL VPD WISHART, RONALD	Place of Business 2a	Place of Business 2a	Succession Substance Sub	Suite Suit

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Executive Director 2-12-99 (561) 287-7860