

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23168

FILED
Jun 19, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

2030 SE OCEAN BLVD
STUART, FL 349960327 US

New Principal Place of Business:

Current Mailing Address:

2030 SE OCEAN BLVD
STUART, FL 349960327 US

New Mailing Address:

FEI Number: 65-0047497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICIA
2030 SE OCEAN BLVD
STUART, FL 34996 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: PD () Delete
Name: PATENAUDE, DEAN J
Address: 2243 SW BRADFORD PLAC
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: JOHNSON, BONNEY A
Address: 1934 SE WASHINGTON ST
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: EPSKY, THOMAS D
Address: 2120 SE WILD MEADOWS CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: MAYES, ROY
Address: 6881 SE NO MARINA WAY
City-St-Zip: STUART, FL 34996

Title: CFO () Delete
Name: BRAMHAM, WILLIAM
Address: 2030 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO () Change (X) Addition
Name: MURPHY, PATRICIA
Address: 2030 SE OCEAN BLVD.
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BRAMHAM

CFO

06/19/2002

Electronic Signature of Signing Officer or Director

_____ Date