

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 24, 2004  
Secretary of State**

DOCUMENT# N23168

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

**Current Principal Place of Business:**

1201 SE INDIAN STREET  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

1201 SE INDIAN STREET  
STUART, FL 34997 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  
1201 SE INDIAN STREET  
STUART, FL 34997 US

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

NORMAN, KENT  
1201 SE INDIAN STREET  
STUART, FL 34997 US

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: DR. KENT NORMAN      02/24/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAYES, ROY  
Address: 6881 SE N. MARINA WAY  
City-St-Zip: STUART, FL 34996

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: ELLER, RAY  
Address: 1201 SE INDIAN STREET  
City-St-Zip: STUART, FL 34997

Title: CFO ( ) Delete  
Name: OLIVER, LEE  
Address: 1201 SE INDIAN STREET  
City-St-Zip: STUART, FL 34997

Title: CEO ( ) Delete  
Name: MURPHY, PATRICIA  
Address: 1201 SE INDIAN STREET  
City-St-Zip: STUART, FL 34997 US

**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 (X) Change ( ) Addition  
Name: NORMAN, KENT  
Address: 1201 SE INDIAN STREET  
City-St-Zip: STUART, FL 34997 US

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: DR. KENT NORMAN      CEO      02/24/2004  
Electronic Signature of Signing Officer or Director      Date