2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23168

FILED Jul 09, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1201 SE INDIAN STREET STUART, FL 34997 US

Current Mailing Address: New Mailing Address:

1201 SE INDIAN STREET STUART, FL 34997 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FOX, L. MANNING FOX, M. LANNING

1100 S. FEDERAL HIGHWAY 3473 SE WILLOUGHBY BLVD. STUART, FL 34995 US STUART, FL 34994 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: M. LANNING FOX 07/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: CBM (X) Change () Addition Name: MAYES, ROY Name: CLIFFORD, WILLIAM

Address: 6881 SE N. MARINA WAY Address: 5671 SE WINGED FOOT DRIVE

City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34997

Title: BM () Delete Title: VCBM (X) Change () Addition

 Name:
 JOHNSON, BONNEY
 Name:
 MAYES, ROY E

 Address:
 819 S. FEDERAL HIGHWAY, SUITE 100
 Address:
 6881 SE MARINA WAY

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 STUART, FL 34996

Title: BM () Delete Title: BM (X) Change () Addition

Name:CLIFFORD, WILLIAMName:BROWN, MICHAEL J SR.Address:5671 SE WINGED FORT DRIVEAddress:3177 S INDIAN RIVER DRIVECity-St-Zip:STUART, FL 34997City-St-Zip:FT. PIERCE, FL 34982

Title: PD () Delete Title: BM (X) Change () Addition

Name: HODGE, KATHY Name: FOWLER, MICHAEL D

 Address:
 2113 SW OLYMPIC CLUB TERR
 Address:
 8906 RUSSOS ROAD

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:
 FT. PIERCE, FL 34951

Title: () Delete Title: BM () Change (X) Addition

Name: Name: JOHNSON, BONNEY

Address: Address: 819 SOUTH FEDERAL HIGHWAY

City-St-Zip: City-St-Zip: STUART, FL 34994

Title: () Delete Title: BM () Change (X) Addition

Name: Name: YOUNG, ANN

Address: Address: 1553 SW BALMORAL TRACE

City-St-Zip: City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 CLIFFORD CBM 07/09/2007

Electronic Signature of Signing Officer or Director

Date