

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23168

FILED
Jun 01, 2009
Secretary of State

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 (X)**
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:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
STUART, FL 34994 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: CBM () Delete
Name: CLIFFORD, WILLIAM
Address: 5671 SE WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

Title: BM () Delete
Name: BROWN, MICHAEL J SR.
Address: 3177 S INDIAN RIVER DRIVE
City-St-Zip: FT. PIERCE, FL 34982

Title: BM () Delete
Name: FOWLER, MICHAEL D
Address: 8906 RUSSOS ROAD
City-St-Zip: FT. PIERCE, FL 34951

Title: BM () Delete
Name: JOHNSON, BONNEY
Address: 819 SOUTH FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VCBM () Delete
Name: YOUNG, ANN
Address: 1553 SW BALMORAL TRACE
City-St-Zip: STUART, FL 34997

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:

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: CARL MARTELLO

Electronic Signature of Signing Officer or Director

CFO

06/01/2009

_____ Date