

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23168

FILED
Jan 14, 2010
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)

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: CM
Name: LICHTENBERGER, WILLIAM H
Address: 508 WINTERS CREEK ROAD
City-St-Zip: PALM CITY, FL 34990

Title: BM
Name: BRASKAMP, JODY J SR.
Address: 1719 BUTTONBUSH CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: BM
Name: CLIFFORD, WILLIAM
Address: 5671 SE WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

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

Title: BM
Name: FIELDS, JORDAN
Address: 416 SE CORTEZ AVENUE
City-St-Zip: STUART, FL 34994

Title: BM
Name: VON ALDENBRUCK, GYTHA
Address: 8900 S. OCEAN DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: CARL MARTELLO

CFO

01/14/2010

Electronic Signature of Signing Officer or Director

Date