

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jan 09, 2009  
Secretary of State**

DOCUMENT# N99000007332

Entity Name: HOSPICE OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

700 W 23RD STRET  
SUITE 59  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

3 HUNTINGTON QUADRANGLE  
SUITE 200S  
MELVILLE, NY 11747 US

**New Mailing Address:**

FEI Number: 62-1805874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: JOSE MOJICA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: COSTON, STAN  
Address: 3311 AZALEA CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VC ( ) Delete  
Name: MASON, STEVE  
Address: 896 HIGHWAY 277  
City-St-Zip: CHIPLEY, FL 32428 US

Title: T ( ) Delete  
Name: POTAPCHUK, JOHN R  
Address: 3 HUNTINGTON QUADRANGLE, STE. 200S  
City-St-Zip: MELVILLE, NY 11747 US

Title: S ( ) Delete  
Name: MEZZANOTTE, DONNA  
Address: 2925 MARTIN LUTHER KING BLVD.  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: AS ( ) Delete  
Name: SCHWARTZ, RUTH C  
Address: 12900 FOSTER, STE. 400  
City-St-Zip: OVERLAND PARK, KS 66213 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:

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: JOHN R. POTAPCHUK

T

01/09/2009

Electronic Signature of Signing Officer or Director

Date