

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007332

FILED
Mar 23, 2010
Secretary of State

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN R POTAPCHUK

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03/23/2010

Electronic Signature of Signing Officer or Director

Date