

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 739288

**Entity Name:** THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

**Current Principal Place of Business:**

5771 ROOSEVELT BLVD.  
610  
CLEARWATER, FL 33760-3413

**Current Mailing Address:**

5771 ROOSEVELT BLVD.  
610  
CLEARWATER, FL 33760-3413 US

**FEI Number:** 59-1744006

**Certificate of Status Desired:** No

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

SCIULLO, RAFAEL J  
5771 ROOSEVELT BLVD.  
610  
CLEARWATER, FL 33760-3413 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:** RAFAEL J SCIULLO

**05/20/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GAINES, MICHAEL  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760-3413

Title CD  
Name HANLEY-CRABB, KELLI ESQ.  
Address 5771 ROOSEVELT BLVD  
610  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name BROWN, SUSAN  
Address 5771 ROOSEVELT BLVD  
610  
City-State-Zip: CLEARWATER FL 33760

Title VC  
Name HAYES, BENJAMIN  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760-3413

Title P  
Name SCIULLO, RAFAEL J  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760-3413

Title TD  
Name WHETSTONE, CHARLES  
Address 5771 ROOSEVELT BLVD  
610  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name ETEN, MARYJEAN  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760-3413

Title DIRECTOR  
Name BARMORE, PATRICK (PAT)  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760

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*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:** RAFAEL J SCIULLO

**PRESIDENT & CEO**

**05/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LENDERMAN, MARTHA  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name HYER, KATHY PHD  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name STONE, RON  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name BUBY, DAVID G DR.  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR  
Name WOODWORTH, JUDY  
Address 5771 ROOSEVELT BLVD.  
610  
City-State-Zip: CLEARWATER FL 33760