

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759883

Entity Name: HOSPICE OF THE TREASURE COAST, INCORPORATED**Current Principal Place of Business:**5000 DUNN ROAD
FORT PIERCE, FL 34981**Current Mailing Address:**1201 SE INDIAN ST
STUART, FL 34997 US**FEI Number:** 59-2199023**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VC
Name	PECK, KARLETTE
Address	1109 SE 7TH STREET
City-State-Zip:	STUART FL 34996

Title	PRESIDENT & CEO
Name	DECUBA, SUSAN R
Address	105 HILLCREST COURT
City-State-Zip:	STUART FL 34996

Title	VP OF ORGANIZATIONAL EFFECTIVENESS
Name	BURCHELL, PAMELA A
Address	9763 SE OSPREY POINT DRIVE
City-State-Zip:	HOBE SOUND FL 33455

Title	VP OF COMPLIANCE
Name	BERGSTROM, LEIGH
Address	300 HARBOUR DRIVE
City-State-Zip:	VERO BEACH FL 32963

Title	CHAIRMAN
Name	PASSERI, ANTHONY
Address	9679 LANDINGS DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	SEC
Name	FIELDS, JORDAN
Address	416 SE CORTEZ AVE
City-State-Zip:	STUART FL 34494

Title	TREASURER
Name	BOYLE, RICHARD
Address	13412 WAX MYRTLE TRAIL
City-State-Zip:	PALM CITY FL 34990

Title	CONTROLLER
Name	MARTELLO, CARL
Address	2650 SE HAMDEN ROAD
City-State-Zip:	PORT SAINT LUCIE FL 34952

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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: CARL MARTELLO**CONTROLLER****01/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	CFO
Name	RUGGLES, CAROL
Address	800 NW PEACOCK BLVD
City-State-Zip:	PORT ST LUCIE FL 34986