

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 03, 2017
Secretary of State
CC3128263991**

DOCUMENT# 761214

Entity Name: THE HOSPICE OF MARTIN & ST. LUCIE, INC.

Current Principal Place of Business:

1201 SE INDIAN ST.
STUART, FL 34997

Current Mailing Address:

1201 SE INDIAN ST.
STUART, FL 34997 US

FEI Number: 59-2171740

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

Title TRUSTEE
Name FIELDS, JORDAN
Address 416 WE CORTEZ AVE
City-State-Zip: STUART FL 34994

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

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

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

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

Title TRUSTEE
Name HAISLEY, RICHARD FRANK
Address 3015 OKEECHOBEE ROAD
City-State-Zip: FT PIERCE FL 34997

Title SECRETARY
Name HALL, GLORETTA HANKINS
Address 6 KNOWLES ROAD
City-State-Zip: STUART FL 34996

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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

08/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name LEVINE, STEPHEN DR.
Address 13505 COCO PLUM COURT
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name MOORE, WILLIAM FREDERICK
Address 673 SW WHISPERING PALM LANE
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name PETRY, FERNANDO DR.
Address 7908 SADDLEBROOK DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title TRUSTEE
Name ROBERTS, HAL
Address 200 S INDIAN RIVER DRIVE
STE 101
City-State-Zip: FT. PIERCE FL 34950

Title TRUSTEE
Name FLICKER, STEPHANIE MD
Address 115 N SEWALLS POINT RD
City-State-Zip: STUART FL 34996-6504

Title CHAIRMAN
Name LYNCH, RICHARD LEIGH
Address 603 NORTH INDIAN RIVER DRIVE
City-State-Zip: FT PIERCE FL 34950

Title TRUSTEE
Name PALAZZO, MARK
Address 3029 SW CORNELL AVENUE
City-State-Zip: PALM CITY FL 34990

Title VC
Name ROADS, SCOTT A
Address 401 SE OSCEOLA STREET
City-State-Zip: STUART FL 34994

Title TRUSTEE
Name DUNSHEE, ROGER
Address 2501 SE NORTH LOOKOUT BLVD
City-State-Zip: PORT SAINT LUCIE FL 34984-6106