

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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 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

Title VC
Name HAISLEY, JIMMIE ANNE
Address 3600 N MILTON ROAD
City-State-Zip: FT PIERCE FL 34946-1909

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

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

Title TRUSTEE
Name PETRY, FERNANDO DR.
Address 21 ISLAN ROAD
City-State-Zip: STUART FL 34996-7006

Title CHAIRMAN
Name ROADS, SCOTT A
Address 401 SE OSCEOLA ST
 STE 202
City-State-Zip: STUART FL 34994-2503

Title TRUSTEE
Name ROBERTS, HAL
Address 105 NE CHARLESTON OAKS DR
City-State-Zip: PORT ST LUCIE FL 34983-3345

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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

06/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TRUSTEE
Name GOULD, BRAD
Address 5874 NW CANADA STREET
City-State-Zip: PORT ST LUCIE FL 34986

Title TRUSTEE
Name BENDER, EWALD
Address 6764 SE PACIFIC DRIVE
City-State-Zip: STUART FL 34997-8690

Title TRUSTEE
Name BEATY, BRYAN THOMAS
Address 1493 S BROCKSMITH ROAD
City-State-Zip: FT. PIERCE FL 34945-4404

Title TRUSTEE
Name FLICKER, STEPHANIE MD
Address 1681 SW THORNBERRY CIRCLE
City-State-Zip: PALM CITY FL 34990-4457

Title TRUSTEE
Name HOFFMAN, SCOTT
Address 4586W LONG BAY DR
City-State-Zip: PALM CITY FL 34990-8807

Title CEO, INTERIM
Name BEVILLE, GLENN
Address 8054 SONOMA PACIFIC DRIVE
City-State-Zip: COLUMBUS GA 31909