

2021 FLORIDA NOT FOR PROFIT CORPORATION 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

FILED
Jan 04, 2021
Secretary of State
8488977740CC

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

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

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

Title TRUSTEE
Name ROBERTS, HAL
Address 4080 OAK HAMMOCK LANE
City-State-Zip: FORT PIERCE FL 34981-4533

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

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

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

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

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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

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TRUSTEE
Name DE PRIEST, MELISSA A
Address 5550 SOUTHWIND TRAIL
City-State-Zip: FORT PIERCE FL 34951-3557

Title TRUSTEE
Name LYNCH, RICHARD LEIGH
Address 2505 N INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34946-1805

Title TRUSTEE
Name CLIFFORD, WILLIAM GEORGE
Address 5671 SE WINGED FOOT DRIVE
City-State-Zip: STUART FL 34997-8643

Title TREASURER
Name MISHOCK, RICHARD PAUL
Address 2116 SE HARLOW STREET
City-State-Zip: PORT SAINT LUCIE FL 34952-4990

Title PRESIDENT AND CEO
Name KENDRICK, JACKIE
Address 4943 BALD CYPRESS TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title TRUSTEE
Name KENNY, FRED PATRICK
Address 1650 NW SWEET BAY CIRCLE
City-State-Zip: PALM CITY FL 34990-8015

Title TRUSTEE
Name MITCHELL, JOHN ARTHUR
Address 3100 PALM WARBLER COURT
City-State-Zip: PORT SAINT LUCIE FL 34952-3009

Title TRUSTEE
Name GRAVES, GLENN MAURICE
Address 141 BENT TREE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33418-3597