2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761214

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

Entity Name. The hospide of MARTIN & St. Locie, in

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 MCCLUSKEY BUSH ROBISON, PLLC 3461 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: MIKE MCCLUSKEY 01/05/2024

Electronic Signature of Registered Agent

Date

FILED Jan 05, 2024

Secretary of State

6148389555CC

Officer/Director Detail:

Title CONTROLLER Title TRUSTEE

NameMARTELLO, CARLNameHAISLEY, JIMMIE ANNEAddress2650 SE HAMDEN ROADAddress3015 OKEECHOBEE RDCity-State-Zip:PORT SAINT LUCIE FL 34952City-State-Zip:FT PIERCE FL 34947-4616

Title TRUSTEE Title CHAIRMAN

NameHOFFMAN, SCOTTNameBENDER, EWALD WESLEYAddress12176 RIVERBEND LNAddress6764 SE PACIFIC DRIVECity-State-Zip:PORT ST LUCIE FL 34984-6426City-State-Zip:STUART FL 34997-8690

Title CFO Title PRESIDENT AND CEO

Name BEVILLE, GLENN Name KENDRICK, JACKIE

Address 8054 SONOMA PACIFIC DRIVE Address 4943 BALD CYPRESS TRAIL

City-State-Zip: COLUMBUS GA 31909 City-State-Zip: FORT PIERCE FL 34951

Title TRUSTEE Title TREASURER

NameCLIFFORD, WILLIAM GEORGENameMISHOCK, RICHARD PAULAddress5671 SE WINGED FOOT DRIVEAddress2116 SE HARLOW STREET

City-State-Zip: STUART FL 34997-8643 City-State-Zip: PORT SAINT LUCIE FL 34952-4990

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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 01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TRUSTEE Title Title **TRUSTEE**

BERGER, PHILIP YORK Name Name DECKER, ANN LOUISE

Address 9555 NE 128TH AVE Address P.O. BOX 497

City-State-Zip: JENSEN BEACH FL 34958-0497 City-State-Zip: OKEECHOBEE FL 34972-7104

Title

TRUSTEE

Title **TRUSTEE**

Name DOODY, JOHN CONCORAN Name FRANK-SCHINTO, MARLENE Address 6281 SE WINGED FOOT DR Address 4342 SW DUNDEE CT

City-State-Zip: STUART FL 34997-8655 City-State-Zip: PALM CITY FL 34990-4464

Title **TRUSTEE** Title VC

Name FRANK, DEIDRE CONRAD EMERY, EILEEN MOORE Name 7817 SE LOBLOLLY DR 91 SOUTHPOINTE DR Address Address

City-State-Zip: HOBE SOUND FL 33455-3832 City-State-Zip: FORT PIERCE FL 34949-9134

Title **TRUSTEE** Title **SECRETARY**

Name FEENAN, JOHN A CULLEY, PETER W Name

Address 39 NE LOFTING WAY Address 6252 SE CANTERBURY LN City-State-Zip: STUART FL 34996-6513 City-State-Zip: STUART FL 34997-8672

Title **TRUSTEE** Title **TRUSTEE**

Name LYNCH, RICHARD LEIGH Name SILAS, PATRICK LAWRENCE Address 603 N INDIAN RIVER DRIVE Address 6449 NW HACIENDA LN 300

City-State-Zip: PORT ST LUCIE FL 34986-3870 City-State-Zip: FORT PIERCE FL 34950-3057