

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 761214

**Jan 06, 2015**

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

**Secretary of State**

**CC6849983266**

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

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

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

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

**Continues on page 2**

*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