

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763575

**Entity Name:** HERNANDO-PASCO HOSPICE, INC.

**Current Principal Place of Business:**

12107 MAJESTIC BLVD.  
HUDSON, FL 34667

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC2878763864**

**Current Mailing Address:**

12470 TELECOM DRIVE  
SUITE 300 WEST  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 59-2217929

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FERNANDEZ, KATHY L  
12470 TELECOM DR.  
SUITE 300 WEST  
TEMPLE TERRACE, FL 33637 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 DIRECTOR, CHAIR  
Name WOODRUFF, RANDALL K.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name MCGAVERN, WILLIAM E.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR, SECRETARY  
Name ALLEN, EVA M.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name MARTIN, AMANDA M.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name PINO, JOSEPH S. DR.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name PREVATT, CLARENCE E. JR.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name RUBEN, BRADLEY H. DR.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name SMITH, GRAHAM J. "MICKEY" III  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

**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:** H. DARRELL WHITE

**CHIEF LEGAL OFFICER**

**03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VICE CHAIR, PRESIDENT/CEO  
Name FERNANDEZ, KATHY L.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, MEDICAL DIRECTOR  
Name MCCARRAGHER, GARY C. DR.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, CHIEF LEGAL OFFICER  
Name WHITE, H. DARRELL ESQ.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, COO  
Name BERTELS, PEGGY I.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, CHIEF COMPLIANCE & CLINICAL OFFICER  
Name SAUCIER, S. PAMELA  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR, CFO  
Name O'NEIL, DAVID J.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, CHIEF MEDICAL OFFICER  
Name SCHONWETTER, RONALD S. DR.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title EX OFFICIO/NON-VOTING DIRECTOR, DIRECTOR OF COMPLIANCE  
Name PASSARELLA, EVELYN V.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title DIRECTOR  
Name MCHUGH, MICHAEL T.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667

Title NON-VOTING ASSISTANT SECRETARY  
Name EATON, GAYLE E.  
Address 12107 MAJESTIC BLVD.  
City-State-Zip: HUDSON FL 34667