

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

DOCUMENT# N06000007648

**Entity Name:** LIFEPAATH HOSPICE, INC.

**Current Principal Place of Business:**

3010 W. AZEELE STREET  
TAMPA, FL 33609

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC0819075035**

**Current Mailing Address:**

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

**FEI Number:** 20-5276870

**Certificate of Status Desired:** No

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

FERNANDEZ, KATHY L  
12470 TELECOM DRIVE - 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, PRESIDENT/CEO  
Name FERNANDEZ, KATHY L.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, VC  
Name FOGARTY, J. EUGENE  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR, SECRETARY  
Name MELECH, PATRICIA A.  
Address 3010 W. AZEELE ST.  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR, COO  
Name BERTELS, PEGGY I.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR  
Name DAVIS, JANET H.  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name GODDARD, VALERIE H.  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR, CFO  
Name O'NEIL, DAVID J.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, CHIEF MEDICAL OFFICER  
Name SCHONWETTER, RONALD S. DR.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

**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, ESQ.

**CHIEF LEGAL OFFICER**

**04/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SMILEY, MONICA R.  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title EX OFFICIO/NON-VOTING DIRECTOR,  
EXECUTIVE DIRECTOR  
Name WALKER, KIM E.  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title ASST. SECRETARY  
Name EATON, GAYLE E.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,  
MEDICAL DIRECTOR  
Name RADICE, PETER A. DR.  
Address 3010 W. AZEELE STREET  
City-State-Zip: TAMPA FL 33609

Title EX OFFICIO/NON-VOTING DIRECTOR,  
CHIEF LEGAL OFFICER  
Name WHITE, H. DARRELL ESQ.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637