

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007799

FILED
Jan 27, 2014
Secretary of State
CC4254269282

Entity Name: GOOD SHEPHERD HOSPICE, INC.

Current Principal Place of Business:

320 W. MAIN STREET
LAKELAND, FL 33815

Current Mailing Address:

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

FEI Number: 20-5276923

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

Title DIRECTOR, VC
Name YENTES, REX R.
Address 12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, SECRETARY
Name WEGMAN, PHILLIP D.
Address 320 W. MAIN STREET
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name HANCOCK, JANE E. ESQ.
Address 320 W. MAIN STREET
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR
Name HINTON, BRIAN
Address 12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name JOINER, JAMES T. ESQ.
Address 12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name WALKER, PHILLIP E.
Address 320 W. MAIN STREET
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR, COO
Name NORMAN, MARCIA A.
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: DARRELL WHITE, ESQ.

CHIEF LEGAL OFFICER

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR, EXEC. DIR.
Name EVANS, DONALD D.
Address 320 W. MAIN STREET
City-State-Zip: LAKELAND FL 33815

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

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

Title DIRECTOR, CCCO
Name MADILL, PEGGY M.
Address 12470 TELECOM DRIVE - SUITE 300 WEST
City-State-Zip: TEMPLE TERRACE FL 33637

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