

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06783

**FILED**  
**Mar 17, 2014**  
**Secretary of State**  
**CC4471552998**

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

**Current Principal Place of Business:**

3800 WOODBRIAR TRAIL  
PORT ORANGE, FL 32119

**Current Mailing Address:**

303 N. CLYDE MORRIS BLVD.  
ATTN: LEGAL DEPT.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-2661284

**Certificate of Status Desired:** No

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

DAVIDSON, DAVID J.  
303 N. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114 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 VC, DIRECTOR  
Name RITCHEY, GLENN  
Address 551 NORTH NOVA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR  
Name GOODEMOTE, HAROLD  
Address 619 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR  
Name GILES, ART  
Address 1089 W. GRANADA BLVD.  
STE. 1  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER, DIRECTOR  
Name SCHANDEL, SUSAN  
Address ONE DAYTONA BOULEVARD  
City-State-Zip: DAYTONA BEACH FL 32114

Title CHAIRMAN, DIRECTOR  
Name JOHNSON, JOHN PH.D.  
Address 100 CORSAIR DRIVE, ROOM 200  
City-State-Zip: DAYTONA BEACH FL 32114

Title SECRETARY, DIRECTOR  
Name JANS, KAREN  
Address 312 GEORGETOWN DRIVE  
City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR  
Name FRANCATI, DANIEL  
Address 21 COQUINA RIDGE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title CFO  
Name PEBURN, ERIC  
Address 303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

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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:** JEFF FEASEL

**CEO**

**03/17/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT, CEO  
Name            FEASEL, JEFF  
Address        303 NORTH CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114