

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06783

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:

SHIFLET, SHELLY L
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 CHAIRMAN, DIRECTOR
Name RITCHEY, GLENN
Address 551 NORTH NOVA ROAD
City-State-Zip: DAYTONA BEACH FL 32114

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

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

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

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

Title DIRECTOR
Name MCCALL, TOM
Address 2379 BEVILLE ROAD
City-State-Zip: DAYTONA BEACH FL 32119

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

PRESIDENT/CEO

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date