

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000002396

Entity Name: EMPATH HOSPICE DIVISION, INC.

Current Principal Place of Business:

6310 CAPITAL DRIVE
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

6310 CAPITAL DRIVE
LAKEWOOD RANCH, FL 34202 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDRICKS, CHRISTY
6310 CAPITAL DRIVE
LAKEWOOD RANCH, FL 34202 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: CHRISTY HENDRICKS

04/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name BOUHAMID, SAIDA
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CEO.PRESIDENT
Name FLEECE, JONATHAN D
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CLO
Name HENDRICKS, CHRISTY
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name LENDERMAN, MARTHA
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name MAISTO, MARGE
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name GAINES, MICHAEL
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name LARKIN, RICH
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name CLAUSSEN, ANN
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

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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: JONATHAN D FLEECE

CEO/PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MILLER, DAN
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202