

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007332

**Entity Name:** HOSPICE OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

421 OAK AVENUE  
PANAMA CITY, FL 32401-2737

**Current Mailing Address:**

680 SOUTH FOURTH STREET  
LOUISVILLE, KY 40202 US

**FEI Number: 62-1805874**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name LONG, WILLIAM  
Address 3786 OLD US ROAD  
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR  
Name DUNNIVANT, STEPHEN  
Address 1415 DAVID AVENUE  
City-State-Zip: PANAMA CITY BEACH FL 32404

Title DIRECTOR  
Name BLANCHARD, CATHY  
Address 421 OAK AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR  
Name MASON, STEPHEN DOUGLAS  
Address 896 HIGHWAY 277  
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR  
Name NEUBAUER, THOMAS STEPHEN  
Address 740 SOUTH TYNDALL PARKWAY  
City-State-Zip: PANAMA CITY FL 32404

Title DIRECTOR  
Name RIVARD, EDY  
Address GULF COAST MEDICAL CENTER  
449 WEST 23RD STREET  
City-State-Zip: PANAMA CITY FL 32406-5309

Title DIRECTOR  
Name CADDELL, DOUGLAS EVERETT  
Address PO BOX 279  
118 BAY BRIDGE ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name ZABIH, ISMAIL MUHAMMAD MD  
Address COASTAL INTERNAL MEDICINE  
12007 PANAMA CITY BEACH  
PARKWAY  
City-State-Zip: PANAMA CITY BEACH FL 32407

**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: CATHY BLANCHARD**

**DIRECTOR**

**04/09/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HOYT, ROBERT E MD  
Address        304 PORT ROYAL WAY  
City-State-Zip: PENSACOLA FL 32502

Title           DIRECTOR  
Name           JUSTICE, PATSY  
Address        3625 WASHINGTON STREET  
City-State-Zip: CHIPLEY FL 32428