

2016 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 C
Name LONG, WILLIAM
Address JACKSON COUNTY HEALTH DEPARTMENT
3045 - 4TH STREET
City-State-Zip: MARIANNA FL 32446

Title VC
Name MENNA, TINA
Address 87 VILLAGE BLVD., # 411
City-State-Zip: SANTA ROSE BEACH FL 32459

Title VP
Name BLANCHARD, CATHY
Address 2925 MARTIN LUTHER KING BLVD.
City-State-Zip: PANAMA CITY FL 32405

Title AS
Name SCHWARTZ, RUTH C
Address 12900 FOSTER, STE. 400
City-State-Zip: OVERLAND PARK KS 66213

Title SECRETARY
Name RUDOVSKY, KIMBERLY R
Address 2925 MARTIN LUTHER KING BLVD.
City-State-Zip: PANAMA CITY FL 32405

Title PRESIDENT
Name OWEN, JASON
Address 2300 WINDY RIDGE PARKWAY SUITE 625
City-State-Zip: ATLANTA GA 30339

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

VP

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date