

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007332

Entity Name: HOSPICE OF THE EMERALD COAST, INC.**Current Principal Place of Business:**680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202**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	VP
Name	BLANCHARD, CATHY
Address	2925 MARTIN LUTHER KING BLVD.
City-State-Zip:	PANAMA CITY FL 32405
Title	SECRETARY
Name	RUDOVSKY, KIMBERLY R
Address	2925 MARTIN LUTHER KING BLVD.
City-State-Zip:	PANAMA CITY FL 32405

Title	VC
Name	MENNA, TINA
Address	87 VILLAGE BLVD., # 411
City-State-Zip:	SANTA ROSE BEACH FL 32459
Title	AS
Name	SCHWARTZ, RUTH C
Address	12900 FOSTER, STE. 400
City-State-Zip:	OVERLAND PARK KS 66213
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

04/24/2015

Electronic Signature of Signing Officer/Director Detail_____
Date