

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000093548

Entity Name: TREASURE COAST PALLIATIVE CARE, LLC**Current Principal Place of Business:**1201 SE INDIAN STREET
STUART, FL 34997**Current Mailing Address:**1201 SE INDIAN STREET
STUART, FL 34997**FEI Number:** 26-3544680**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD.
FOX, WACKEEN, DUNGEY, BEARD, SOBEL
STUART, FL 34994 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

Authorized Person(s) Detail :

Title PAR
Name HEALTH & PALLIATIVE SVC OF THE
TREASURE CO
Address 1201 S.E. INDAIN STREET
City-State-Zip: STUART FL 34997

Title TREASURER
Name BOYLE, RICHARD
Address 13412 WAX MYRTLE TRAIL
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name HAISLEY, JIMMIE ANNE
Address 3600 N MILTON ROAD
City-State-Zip: FT PIERCE FL 34946-1909

Title TRUSTEE
Name LEVINE, STEPHEN M DR.
Address 13505 COCO PLUM COURT
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name PECK, KARLETTE
Address 1109 SE 7TH STREET
City-State-Zip: STUART FL 34996

Title CONTROLLER
Name MARTELLO, CARL
Address 2650 SE HAMDEN ROAD
City-State-Zip: PORT SAINT LUCIE FL 34952

Title SECRETARY
Name HALL, GLORETTA HANKINS
Address 6 KNOWLES ROAD
City-State-Zip: STUART FL 34996

Title VC
Name MOORE, WILLIAM FREDERICK
Address 673 SW WHISPERING PALM LANE
City-State-Zip: PALM CITY FL 34990

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL MARTELLO**CONTROLLER****07/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TRUSTEE
Name PETRY, FERNANDO DR.
Address 7908
SADDLEBROOK DRIVE
City-State-Zip: PORT ST LUCIE FL 34986

Title TRUSTEE
Name ROBERTS, HAL
Address 200 S INDIAN RIVER DRIVE
STE 101
City-State-Zip: FT. PIERCE FL 34950

Title TRUSTEE
Name FLICKER, STEPHANIE MD
Address 115 N SEWALLS POINT RD
City-State-Zip: STUART FL 34996-6504

Title TRUSTEE
Name GOULD, BRAD
Address 1903 S 25TH ST
200
City-State-Zip: FORT PIERCE FL 34947-4740

Title CMO
Name TURGEON, GERALD
Address 5001 EAST SEMINOLE ROAD
City-State-Zip: FORT PIERCE FL 34951

Title CHAIRMAN
Name ROADS, SCOTT A
Address 137 GREENWOOD DRIVE
City-State-Zip: WEST PALM BEACH FL 33405-1974

Title TRUSTEE
Name DUNSHEE, ROGER
Address 2501 SE NORTH LOOKOUT BLVD
City-State-Zip: PORT SAINT LUCIE FL 34984-6106

Title CFO AND CORPORATE SECRETARY
Name DUNWOODY, ROBERT C JR.
Address 2183 NE MARLBERRY LANE
108
City-State-Zip: JENSEN FL 34957

Title TRUSTEE
Name HOFFMAN, SCOTT
Address 4586 SW LONG BAY DR
City-State-Zip: PALM CITY FL 34990-8807

Title CEO
Name DAILEY, DEBORAH S
Address 3661 SW STARLING TERRACE
City-State-Zip: PALM CITY FL 34990