2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 22, 2019
Secretary of State
6302919827CC

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	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	TRUSTEE
Name	PETRY, FERNANDO DR.
Address	21 ISLAND ROAD
City-State-Zip:	STUART FL 34996-7006

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

Title	VC
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	CHAIRMAN
Name	ROADS, SCOTT A
Address	401 SE OSCEOLA ST STE 202
City-State-Zip:	WEST PALM BEACH FL 34994-2503

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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 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 08/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	TRUSTEE
Name	ROBERTS, HAL
Address	105 NE CHARLESTON OAKS DRIVE
City-State-Zip:	PORT ST LUCIE FL 34983-3345

Title	TRUSTEE
Name	FLICKER, STEPHANIE MD
Address	1681 SW THORNBERRY CIRCLE
City-State-Zip:	PALM CITY FL 34990-4457

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

Title	CFO, INTERIM
Name	BEVILLE, GLENN
Address	8054 SONOMA POINTE DRIVE
City-State-Zip:	COLUMBUS GA 31909

Title	ACTING CMO
Name	GUILBE, ROSE DR.
Address	9140 ROCKROSE DRIVE
City-State-Zip:	TAMPA FL 33647

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

Title	TRUSTEE
Name	GOULD, BRAD
Address	5874 NW CANADA STREET
City-State-Zip:	PORT ST LUCIE FL 34986

Title	TRUSTEE
Name	BENDER, EWALD
Address	6764 SE PACIFIC DRIVE
City-State-Zip:	STUART FL 34997-8690

Title	TRUSTEE
Name	BEATY, BRYAN THOMAS
Address	1493 S BROCKSMITH ROAD
City-State-Zip:	FT PIERCE FL 34945-4404

Title	PRESODENT AND CEO
Name	KENDRICK, JACKIE
Address	3318 SW BLUE COURT
City-State-Zip:	PORT ST LUCIE FL 34953