

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093548

Entity Name: TREASURE COAST PALLIATIVE CARE, LLC**Current Principal Place of Business:**5000 NW DUNN ROAD
STUART, FL 34981-4901**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 MCCLUSKEY BUSH ROBISON, PLLC
3461 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:** MIKE MCCLUSKEY

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

Title TRUSTEE
Name CLIFFORD, WILLIAM GEORGE
Address 5671 SE WINGED FORT DRIVE
City-State-Zip: STUART FL 34997-8643

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

Title TRUSTEE
Name HOFFMAN, SCOTT
Address 12176 RIVERBEND LN
City-State-Zip: PORT ST LUCIE FL 34984-6426

Title PRESODENT AND CEO
Name KENDRICK, JACKIE
Address 4943 BALD CYPRESS TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title TREASURER
Name MISHOCK, RICHARD PAUL
Address 2116 SE HARLOW STREET
City-State-Zip: PORT SAINT LUCIE FL 34952-4990

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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

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TRUSTEE
Name BERGER, PHILIP YORK
Address 425 SW PARK STREET
City-State-Zip: OKEECHOBEE FL 34974

Title VC
Name EMERY, EILEEN MOORE
Address 91 SOUTHPOINTE DR
City-State-Zip: FORT PIERCE FL 34949-9134

Title TRUSTEE
Name SILAS, PATRICK LAWRENCE
Address 6449 NW HACIENDA LN
City-State-Zip: PORT ST LUCIE FL 34986-3870

Title TRUSTEE
Name ALDERMAN, MARY ANN
Address 1505 DORSAL ST
City-State-Zip: MERRITT ISLAND FL 32952

Title TRUSTEE
Name HURT, TONY
Address 735 LAKEWOOD CR.
City-State-Zip: MERRITT ISLAND FL 32952

Title TRUSTEE
Name LENNARD, CYNTHIA
Address 2843 SHADY OAK DRIVE
City-State-Zip: TITUSVILLE FL 32796

Title TRUSTEE
Name MCALPINE, CHRIS
Address 4835 CARODOC CIRCLE
City-State-Zip: TITUSVILLE FL 32796

Title CMO
Name CROUCH, JOHN DR.
Address 6855 SW WOODBINE WAY
City-State-Zip: PALM CITY FL 34990

Title TRUSTEE
Name DECKER, ANN LOUISE
Address PO BOX 497
City-State-Zip: JENSEN BEACH FL 34958-0497

Title SECRETARY
Name CULLEY, PETER W
Address 6252 SE CANTERBURY LN
City-State-Zip: STUART FL 34997-8672

Title TRUSTEE
Name LYNCH, RICHARD LEIGH
Address 603 N INDIAN RIVER DRIVE
300
City-State-Zip: FORT PIERCE FL 34950-3057

Title TRUSTEE
Name COLEMAN, MARY
Address 3869 RAMBLING ACRES DRIVE
City-State-Zip: TITUSVILLE FL 32796

Title TRUSTEE
Name AMMEN, MILE
Address 215 JARO ST. N.E.
City-State-Zip: PALM BAY FL 32907

Title TRUSTEE
Name PICKENS, BILL
Address 3075 LANTERN CRT
City-State-Zip: TITUSVILLE FL 32796

Title CFO
Name VANDENBERG, LISBET
Address 5144 IVORY WAY
City-State-Zip: MELBOURNE FL 32940