2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2021
Secretary of State
0304410571CC

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

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

Title	TRUSTEE
Name	ROBERTS, HAL
Address	4080 OAK HAMMOCK LANE
City-State-Zip:	FORT PIERCE FL 34981-4533

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

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

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

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

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

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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 01/04/2021

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

Authorized Person(s) Detail Continued :

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

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

Title TRUSTEE
Name DE PRIEST, MELISSA A
Address 5550 SOUTHWIND TRAIL
City-State-Zip: FORT PIERCE FL 34951-3557

Title TRUSTEE
Name LYNCH, RICHARD LEIGH
Address 2505 N INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34950-3057

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

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

Title SECRETARY
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 4943 BALD CYPRESS TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title TRUSTEE
Name KENNY, FRED PATRICK
Address 1650 NW SWEET BAY CIRCLE
City-State-Zip: PALM CITY FL 34990-8015

Title TRUSTEE
Name MITCHELL, JOHN ARTHUR DR.
Address 3100 PALM WARBLER COURT
City-State-Zip: PORT SAINT LUCIE FL 34952-3009

Title TRUSTEE
Name GRAVES, GLENN MAURICE
Address 174 BENT TREE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33418-3597