2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2024
Secretary of State
0282493229CC

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 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 01/05/2024

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	3015 OKEECHOBEE ROAD
City-State-Zip:	FT PIERCE FL 34947-4616

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

Title	CMO
Name	GUILBE, ROSE DR.
Address	6695 110TH PALCE
City-State-Zip:	SEBASTIAN FL 32958

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

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

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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 01/05/2024

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

Authorized Person(s) Detail Continued :

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

Title TRUSTEE
Name BERGER, PHILIP YORK
Address 9555 NE 128TH AVE
City-State-Zip: OKEECHOBEE FL 34972-7104

Title TRUSTEE
Name FRANK-SCHINTO, MARLENE
Address 4342 SE DUNDEE CT
City-State-Zip: PALM CITY FL 34990-4464

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

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

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

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

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

Title TRUSTEE
Name DOODY, JOHN CONCORAN
Address 6281 SE WINGED FOOT DR
City-State-Zip: STUART FL 34997-8655

Title TRUSTEE
Name FRANK, DEIDRE CONRAD
Address 7817 SE LOBLOLLY BAY DR
City-State-Zip: HOBE SOUND FL 33455-3832

Title TRUSTEE
Name FEENAN, JOHN A
Address 39 NE LOFTING WAY
City-State-Zip: STUART FL 34996-6513

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