2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 03, 2017
Secretary of State
CC1708238004

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	PRESIDENT & CEO
Name	DE CUBA, SUSAN R
Address	105 HILLCREST COURT
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	TRUSTEE
Name	PECK, KARLETTE
Address	1109 SE 7TH STREET
City-State-Zip:	STUART FL 34996

Title	TRUSTEE
Name	FIELDS, JORDAN
Address	416 SE CORTEZ AVE
City-State-Zip:	STUART FL 34994

Title	VP OF COMPLIANCE
Name	BERGSTROM, LEIGH
Address	300 HARBOUR DRIVE
City-State-Zip:	VERO BEACH FL 32963

Title	TRUSTEE
Name	HAISLEY, RICHARD FRANK
Address	3015 OKEECHOBEE ROAD
City-State-Zip:	FT PIERCE FL 34947

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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 08/03/2017

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

Authorized Person(s) Detail Continued :

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

Title CHAIRMAN
Name LYNCH, RICHARD LEIGH
Address 603 NORTH INDIAN RIVER DRIVE
City-State-Zip: FT PIERCE FL 34950

Title TRUSTEE
Name PALAZZO, MARK
Address 3029 SW CORNELL AVENUE
City-State-Zip: PALM CITY FL 34990

Title VC
Name ROADS, SCOTT A
Address 401 SE OSCEOLA ST
City-State-Zip: STUART FL 34994

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

Title SENIOR MEDICAL DIRECTOR
Name BURKARTH, BERNICE
Address 7211 ELYSE CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34952

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

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

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