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FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743945 (8)

1. Corporation Name

~~HOLMES REGIONAL HOSPICE, INC.~~
HOSPICE OF HEALTH FIRST, INC.

Principal Place of Business

Mailing Address

1800 DAIRY RD
W MELBOURNE FL 32904

1800 DAIRY RD
W MELBOURNE FL 32904



3. Date Incorporated or Qualified

08/16/1978

4. FEI Number

59-1911574

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8249 Devereux Drive

22 City & State

27 Suite, Apt. #, etc.
 28 City & State
 Melbourne, FL

23 Zip Country

29 Zip Country
 30 32940-7955 Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIAS, DAVID E
8249 DEVEREUX DR.
MELBOURNE FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
 NAME MEANS, MICHAEL D.
 STREET ADDRESS 1848 RIVER SHORE DRIVE
 CITY-ST-ZIP INDIALANTIC FL 32903

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS 8249 Devereux Drive
 1.4 CITY-ST-ZIP Melbourne, FL 32940-7955

TITLE D ☐ DELETE
 NAME BUNKER, STEPHEN P
 STREET ADDRESS 538 NARRAGANSETT ST., N.E.
 CITY-ST-ZIP PALM BAY FL

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME SD
 2.3 STREET ADDRESS 1350 South Hickory Street
 2.4 CITY-ST-ZIP Melbourne, FL 32901-3276

TITLE D ☐ DELETE
 NAME FOLEY, MICHAEL J
 STREET ADDRESS 1250 CEDAR LN
 CITY-ST-ZIP INDIALANTIC FL

3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Indialantic, FL 32903

TITLE D ☐ DELETE
 NAME GRAY, SALLY (MRS)
 STREET ADDRESS 1306 S.MAGNOLIA
 CITY-ST-ZIP INDIALANTIC FL

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Indialantic, FL 32903

TITLE D ☐ DELETE
 NAME WEST, LOU
 STREET ADDRESS 1418 S. RIVERSIDE DRIVE
 CITY-ST-ZIP INDIALANTIC FL

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Indialantic, FL 32903

TITLE D ☐ DELETE
 NAME ARMSTRONG, RAYMOND A
 STREET ADDRESS 5725 LAKE WASHINGTON ROAD
 CITY-ST-ZIP MELBOURNE FL 32935

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael D. Means

President

3/20/98

[407] 752-4300

CR2E037 (10/97)