

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90246 012 ****61.25

DOCUMENT # 743945

1. Corporation Name

HOSPICE OF HEALTH FIRST, INC.

Principal Place of Business
**1900 DAIRY ROAD
WEST MELBOURNE FL 32904**

Mailing Address
**8249 DEVEREUX DRIVE
WEST MELBOURNE FL 32940-955
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 **25**

2a. Mailing Address

26 **8249 Devereux Drive**

Suite, Apt. #, etc.

27 City & State

28 **Melbourne, FL**

29 Zip Country
30 **32940-7955**

3. Date Incorporated or Qualified

08/16/1978

4. FEI Number
59-1911574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**MATHIAS, DAVID E
8249 DEVEREUX DR.
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **MEANS, MICHAEL D.**
STREET ADDRESS **8249 DEVEREUX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32901-7955**

TITLE **SD** ☐ DELETE
NAME **BUNKER, STEPHEN P**
STREET ADDRESS **1350 SOUTH HICKORY STREET**
CITY-ST-ZIP **MELBOURNE FL 32901-3276**

TITLE **D** ☐ DELETE
NAME **FOLEY, MICHAEL J**
STREET ADDRESS **1250 CEDAR LN**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ DELETE
NAME **GRAY, SALLY (MRS)**
STREET ADDRESS **1306 S.MAGNOLIA**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ DELETE
NAME **WEST, LOU**
STREET ADDRESS **1418 S. RIVERSIDE DRIVE**
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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VCD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **CD** ☒ 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 supplemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Means, Pres 4/16/99 407 434-4300

Date

Daytime Phone #

CR2E037 (1/98)