

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743945

1. Entity Name

HOSPICE OF HEALTH FIRST, INC.

Principal Place of Business

1900 DAIRY ROAD
WEST MELBOURNE FL 32904

Mailing Address

8249 DEVEREUX DRIVE
MELBOURNE FL 32940-7955
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1911574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIAS, DAVID E
8249 DEVEREUX DR.
MELBOURNE FL 32940

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MEANS, MICHAEL D.
STREET ADDRESS 8249 DEVEREUX DRIVE
CITY-ST-ZIP MELBOURNE FL 32940-7955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAY, SALLY (MRS)
STREET ADDRESS 1350 SOUTH HICKORY STREET
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WEST, LOU
STREET ADDRESS 1900 DAIRY ROAD
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME THISTLE, JOHN
STREET ADDRESS 1900 DAIRY ROAD
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Means
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

321/434-4300

Date

Daytime Phone #

CR2E037 (10/00)