

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 014 ****61.25

DOCUMENT # 743945

1. Entity Name
HOSPICE OF HEALTH FIRST, INC.



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

Mailing Address
**6450 U.S. HWY #1
ROCKLEDGE, FL 32955 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004 Chg-NP CR2E037 (10/03)

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
6450 U.S. HWY #1
ROCKLEDGE, FL 32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida 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 **6450 U.S. HWY #1**
CITY - ST - ZIP **ROCKLEDGE, FL 32955**

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

TITLE **D** ☐ Delete
NAME **GRAY, SALLY**
STREET ADDRESS **1900 DAIRY ROAD**
CITY - ST - ZIP **MELBOURNE, FL 32904**

TITLE **PD** ☐ Change ☒ Addition
NAME **WRIGHT, R. ROY**
STREET ADDRESS **6450 S. US HWY #1**
CITY - ST - ZIP **ROCKLEDGE, FL 32955**

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 **D** ☐ Delete
NAME **BACHELOR, STEPHEN**
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 617, 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: **R. Roy Wright, Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

321/454-4355

Daytime Phone #

Attachment
24019287

743945

HOSPICE OF HEALTH FIRST, INC. 2004 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title	D <input type="checkbox"/> Delete BACHELOR, STEPHEN	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete BROWNLIE MICHAEL	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete BRUCKART, ROBERT	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete PETERSON, ROBIN	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete KENNEDY, CHRISTOPHER S.	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete PRUITT, PATRICIA	Title	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete SCHEINBART, LEE	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	D <input type="checkbox"/> Delete ZIES, LENORA	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	1900 Dairy Road	Name	
Street Address	Melbourne, FL 32904	Street Address	
City - ST - Zip		City - ST - Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Street Address		Street Address	
City - ST - Zip		City - ST - Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name		Name	
Street Address		Street Address	
City - ST - Zip		City - ST - Zip	