

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 013 ****61.25

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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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-1911574				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIAS, DAVID E 6450 U.S. HWY #1 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, MICHAEL D. 6450 U.S. HWY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D PRUITT, PATRICIA 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, SALLY 1900 DAIRY ROAD MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE, EDWARD A. 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEST, LOU 1900 DAIRY ROAD MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNLIE, MICHAEL 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THISTLE, JOHN 1900 DAIRY ROAD MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCKART, ROBERT 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATCHELOR, STEPHEN 1900 DAIRY ROAD MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDS, MADELINE B. 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, R. ROY 6450 S US HWY #1 ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, ROBIN 1900 DAIRY ROAD W. MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:			David E. Mathias		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/22/05 321-434-4355 <small>Daytime Phone #</small>		

AMENDMENT

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DOCUMENT # 743945
HOSPICE OF HEALTH FIRST, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	ADDITION
NAME	KENNEDY, CHRISTOPHER S.	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY - ST - ZIP	MELBOURNE, FL 32901	

TITLE	D	ADDITION
NAME	ZIES, LENORA	
STREET ADDRESS	1900 DAIRY ROAD	
CITY - ST - ZIP	MELBOURNE, FL 32901	