
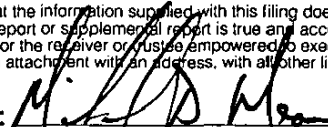


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90251 037 ****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		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEANS, MICHAEL D.		NAME		
STREET ADDRESS	6450 U.S. HWY #1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, SALLY		NAME		
STREET ADDRESS	1900 DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, LOU		NAME		
STREET ADDRESS	1900 DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THISTLE, JOHN		NAME		
STREET ADDRESS	1900 DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATCHELOR, STEPHEN		NAME		
STREET ADDRESS	1900 DAIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, R. ROY		NAME		
STREET ADDRESS	6450 S US HWY #1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Michael D. Means, Director 1/4/06 434-4355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

10002864

PAGE 2
DOCUMENT # 743945
HOSPICE OF HEALTH FIRST, INC.
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TITLE	DVC	ADDITION
NAME	PRUITT, PATRICIA	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	ANDRE, EDWARD A.	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	BROWNLIE, MICHAEL	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	BRUCKART, ROBERT	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	CHILDS, MADELINE	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	PETERSON, ROBIN	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	ZIES, LENORA	
STREET ADDRESS	1900 DAIRY ROAD	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	D	ADDITION
NAME	KENNEDY, CHRISTOPHER	
STREET ADDRESS	1350 S. HICKORY STREET	
CITY-ST-ZIP	MELBOURNE, FL 32901	