

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90074 001 \*\*\*\*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

40072250



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1911574

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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, 2007**

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

TITLE D ☐ Delete  
NAME MEANS, MICHAEL D.  
STREET ADDRESS 6450 U.S. HWY #1  
CITY-ST-ZIP ROCKLEDGE, FL 32955

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

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

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

TITLE D ☐ Delete  
NAME BATCHELOR, STEPHEN  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP MELBOURNE, FL 32904

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VCD ☐ Change ☒ Addition  
NAME PATRICIA PRUITT  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Change ☒ Addition  
NAME LENORA ZIES  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Change ☒ Addition  
NAME CHRISTOPHER S KENNEDY  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Change ☒ Addition  
NAME ROBIN PETERSON  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Change ☒ Addition  
NAME MADELINE B CHILDS  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE D ☐ Change ☒ Addition  
NAME ROBERT BRUCKART  
STREET ADDRESS 1900 DAIRY ROAD  
CITY-ST-ZIP WEST MELBOURNE FL 32904

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 Means*

Michael Means Director 4/4/07 (321)434-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

40072250

PAGE 2

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
EDWARD A. ANDRE  
1900 DAIRY ROAD  
WEST MELBOURNE, FL 32904  
D  
MICHAEL BROWNLIE  
1900 DAIRY ROAD  
WEST MELBOURNE, FL 32904

ADDITION

ADDITION