
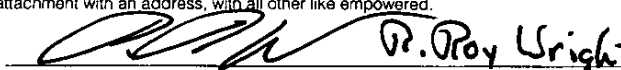


FILED
Apr 24, 2008 8:00 am
Secretary of State

40080635

DOCUMENT # 743945				04-24-2008 90124 040 ****61.25	
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1911574	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	VCD Pruitt, Patricia 6450 US Hwy 1 Rockledge, FL 32955
					<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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Zies, Lendra 6450 US Hwy 1 Rockledge, FL 32955
					<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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Andre, Edward A. 6450 US Hwy 1 Rockledge, FL 32955
					<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 Batchelor, Stephen 6450 US Hwy 1 Rockledge, FL 32955
					<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 Brownlie, Michael 6450 US Hwy 1 Rockledge, FL 32955
					<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 Bruckart, Robert 6450 US Hwy 1 Rockledge, FL 32955
					<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 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:  R. Roy Wright 4/14/08 321-299-7188					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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DOCUMENT # 743945
HOSPICE OF HEALTH FIRST, INC.
2008 NOT FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40080635

ATTACHMENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CHILDS, MADELINE B.
1900 DAIRY ROAD
W. MELBOURNE, FL 32904

ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PETERSEN, ROBIN
1900 DAIRY ROAD
W. MELBOURNE, FL 32904

ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CAMPBELL, JOHN, M.D.
1900 DAIRY ROAD
W. MELBOURNE, FL 32904

ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SENNE, JERRY
1900 DAIRY ROAD
W. MELBOURNE, FL 32904

ADDITION