2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# 743945

Entity Name: HOSPICE OF HEALTH FIRST, INC.

Current Principal Place of Business:

1900 DAIRY ROAD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-1911574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIAS, DAVID E
6450 US HIGHWAY 1
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD
Name: THISTLE, JOHN
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: VCD
Name: PRUITT, PATRICIA
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD
Name: WRIGHT, ROBERT R
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: TSD
Name: PETERSEN, ROBIN
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEDGE, FL 32955

Title: D
Name: ANDRE, EDWARD A
Address: 1900 DAIRY ROAD
City-St-Zip: MELBOURNE, FL 32904

Title: D
Name: BATCHELOR, STEPHEN
Address: 1900 DAIRY ROAD
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R. ROY WRIGHT PD 02/22/2010

Electronic Signature of Signing Officer or Director Date