

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91439 030 ****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
**8249 DEVEREUX DRIVE
MELBOURNE FL 32940-7955
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6450 U.S. Hwy #1

City & State

City & State
Rockledge, FL

4. FEI Number **59-1911574**

Applied For

Not Applicable

Zip

Country

Zip
32955

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHIAS, DAVID E
8249 DEVEREUX DR.
MELBOURNE FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

6450 U.S. Hwy #1

City

Rockledge

FL

Zip Code
32955

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MEANS, MICHAEL D.**
STREET ADDRESS **8249 DEVEREUX DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940-7955**

TITLE ☒ Change ☐ Addition
NAME **6450 U.S. Hwy #1**
STREET ADDRESS **Rockledge, FL 32955**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BUNKER, STEPHEN P**
STREET ADDRESS **1350 SOUTH HICKORY STREET**
CITY-ST-ZIP **MELBOURNE FL 32901-3276**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRAY, SALLY (MRS)**
STREET ADDRESS **1350 SOUTH HICKORY STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ Change ☐ Addition
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **RAY, JOHN**
STREET ADDRESS **1350 SOUTH HICKORY STREET**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MICHAEL MEANS

4/22/03

[321]

434-4355

CR2E037 (10/02)

attachment

70050514
743945

HOSPICE OF HEALTH FIRST, INC. 2003 UNIFORM BUSINESS REPORT

10. Officers and Directors [continued]		11. Additions/Changes to Officers and Directors [continued]	
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BACHELOR, STEPHEN 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROWNLIE MICHAEL 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCKART, ROBERT 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETERSON, ROBIN 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNEDY, CHRISTOPHER S. 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRUITT, PATRICIA 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZIES, LENORA 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCHEINBART, LEE 1900 Dairy Road Melbourne, FL 32904
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - ST - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - ST - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition