

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90048 029 \*\*\*\*61.25

**DOCUMENT # 745062**

1. Entity Name

**COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.**

Principal Place of Business

**THE EARL B. HADLOW CENTER FOR CARING  
 4266 SUNBEAM RD.  
 JACKSONVILLE FL 32257**

Mailing Address

**THE EARL B. HADLOW CENTER FOR CARING  
 4266 SUNBEAM RD.  
 JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1940256**

Applied For

Not Applicable

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

**PONDER-STANSEL, SUSAN  
 4266 SUNBEAM ROAD  
 JACKSONVILLE FL 32257**

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.

SIGNATURE

*Susan Ponder - Stansel*

*3-27-2002*

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  
 NAME **DIAMOND, JACK** ☒ Delete  
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 500**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD**  
 NAME **Larry J. Freeman, Administrator** ☒ Change ☐ Addition  
 STREET ADDRESS **Wolfson Children's Hospital**  
**800 Prudential Drive**  
**Jacksonville, Florida 32207**

TITLE **VD**  
 NAME **MCGOVERN, PAT** ☐ Delete  
 STREET ADDRESS **293 RIDGELINE COURT**  
 CITY-ST-ZIP **ORANGE PARK FL 32065**

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

TITLE **TD**  
 NAME **SOLBERG, LAWRENCE** ☐ Delete  
 STREET ADDRESS **4500 SAN PABLO ROAD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **CD**  
 NAME **LOGUE, JACK** ☐ Delete  
 STREET ADDRESS **1800 BARRS ST ST VINCENTS MED CTR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE **SD**  
 NAME **THOMPSON, CARL** ☒ Delete  
 STREET ADDRESS **800 PRUDENTIAL DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD**  
 NAME **The Honorable Roberto A. Arias** ☒ Change ☐ Addition  
 STREET ADDRESS **Duval County Courthouse**  
**330 East Bay Street, Rom 324**  
**Jacksonville, Florida 32202**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Susan Ponder - Stansel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3.27.02*

Date

Daytime Phone #

CR2E037 (9/01)