

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90031 001 \*\*\*\*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**

**94027550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1940256**

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

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. 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, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FREEMAN, LARRY J  
800 PRUDENTIAL DR.  
JACKSONVILLE, FL 32207 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
James R. Burkhardt  
655 West 8th Street  
Jacksonville, Florida 32209 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Pat McGovern  
293 Ridgeline Court-Orange Park FL 32065 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
LOGUE, JACK  
2622 OAK STREET  
JACKSONVILLE, FL 32204 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
Lawrence A. Solberg, Jr., MD  
4500 San Pablo Road-Jacksonville FL 32224 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ARIAS, HONOR ROBERTO A  
330 EAST BAY ST. ROOM 324  
JACKSONVILLE, FL 32202 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
PONDER-STANSEL, SUSAN  
4266 SUNBEAM ROAD  
JACKSONVILLE, FL 32257 ☐ Delete

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

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

**2-12-04**

Date

**904/596-6363**

Daytime Phone #