2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N23168

Entity Name: THE HOSPICE FOUNDATION OF MARTIN & ST. LUCIE, INC.

Jun 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2030 SE OCEAN BLVD STUART, FL 349960327 US

Current Mailing Address:

New Mailing Address:

2030 SE OCEAN BLVD STUART, FL 349960327 US

FEI Number: 65-0047497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNOX, MARY C 2030 SE OCEAN BLVD STUART, FL 34996 US

MURPHY, PATRICIA 2030 SE ÓCEAN BLVD STUART, FL 34996 US

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.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name²

Address:

City-St-Zip:

SIGNATURE: PATRICIA MURPHY

06/18/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

() Change () Addition

Title: Name: PD () Delete

WISHART, RONALD 1329 LANCEWOOD TERR

Address: City-St-Zip: PALM CITY, FL 34990

Title: Name:

() Delete . WRIGHT, DANITA

(X) Delete

803 SE PINEWOOD TERR Address: City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: Name:

KNOX, MARY CANNING. 439 SE HIBISCUS AVENUE Address:

City-St-Zip: STUART, FL

Title:

() Delete

Name: Address:

WILLIAMS, PETE 3251 SE DIXIE HWY STUART, FL 34997

City-St-Zip:

Title: Name: **VPD** () Delete MAYES, ROY

Address: 6881 SE NO MARINA WAY

City-St-Zip:

STUART, FL 34996

Title:

() Delete

Name: Address: City-St-Zip: Title:

Name:

(X) Change () Addition EPSKY, THOMAS D

Address: 2120 SE WILD MEADOWS CIRCLE City-St-Zip: PORT ST. LUCIE, FL 34952

PATENAUDE, DEAN J

PALM CITY, FL 34990

JOHNSON, BONNEY A

STUART, FL 34997

1934 SE WASHINGTON ST

2243 SW BRADFORD PLAC

Title:

() Change (X) Addition

murphy, patricia 2030 SE ocean blud. Name: Address:

City-St-Zip: Stuart, FL, 34996

Title:

() Change (X) Addition

Name: Address: BRAMHAM, WILLIAM

2030 SE OCEAN BLVD. City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BRAMHAM

CFO

06/18/2002

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#761214

Entity Name: THE HOSPICE OF MARTIN & ST. LUCIE, INC.

Jun 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2030 SE OCEAN BLVD STUART, FL 34996 US

Current Mailing Address:

New Mailing Address:

2030 SE OCEAN BLVD STUART, FL 34996

FEI Number: 59-2171740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNOX, MARY C 2030 SE OCEAN BLVD STUART, FL 34996 US MURPHY, PATRICIA 2030 SE OCEAN BLVD STUART, FL 34996 US

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: PATRICIA MURPHY

06/18/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete WISHART, RONALD Name: 1329 LANCEWOOD TERR Address: PALM CITY, FL 34990 City-St-Zip:

Title: () Delete TD WRIGHT, DANITA 803 SE PINEWOOD TERR Address: City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete WILLIAMS, PETE Name: Address: 3251 SE DIXIE HWY City-St-Zip: STUART, FL 34997

Title: () Delete KNOX, MARY CANNING Name: Address: 439 S.E. HIBISCUS AVE.

City-St-Zip: STUART, FL

Title: () Delete Name: ELLER, RAY

Address: 729 S FEDERAL HWY STE 300

City-St-Zip: STUART, FL 34994

Title: VPD (X) Delete MAYES, ROY Name: 6881 SE NO, MARINA WAY, Address: STUART, FL 34996 City-St-Zip:

Title: (X) Change () Addition

PATENAUDE, DEAN J Name: Address: 2243 SW BRADFORD PLAC City-St-Zip: PALM CITY, FL 34990

Title: (X) Change () Addition JOHNSON, BONNEY A Name: Address: 1934 SE WASHINGTON ST City-St-Zip: STUART, FL 34997

Title: (X) Change () Addition Name: EPSKY, THOMAS D

Address: 2120 SE WILD MEADOWS CIRCLE City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD (X) Change () Addition Name: MAYES, ROY E

Address: 6881 SE NORTH MARINA WAY City-St-Zip: STUART, FL 34996

Title: CFO (X) Change () Addition Name: BRAMHAM, WILLIAM 2030 SE OCEAN BLVD Address City-St-Zip: STUART, FL 34996

Title: () Change (X) Addition murphy, Patricia 2030 SE Ocean Blud Name: Address: City-St-Zip: Stuart, FL. 34996

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM BRAMHAM

CFO

06/18/2002