

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743945

**Entity Name:** HOSPICE OF HEALTH FIRST, INC.**Current Principal Place of Business:**1900 DAIRY ROAD  
WEST MELBOURNE, FL 32904**Current Mailing Address:**6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
ROCKLEDGE, FL 32955 US**FEI Number:** 59-1911574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATHIAS, DAVID E  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name RECTOR, DREW A  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title VC, DIRECTOR  
Name THISTLE, JOHN  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title ASST. SECRETARY  
Name MATHIAS, DAVID E  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name ANDRE, EDWARD A  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY, TREASURER,  
DIRECTOR  
Name PETERSEN, ROBIN  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title CHAIRMAN, DIRECTOR  
Name PRUITT, PATRICIA  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

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

Title DIRECTOR  
Name BROWNLIE, MICHAEL  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

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*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: DREW A. RECTOR****PRESIDENT****03/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BRUCKART, ROBERT FR  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name RUIZ, RUDDY M.D.  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name ZIES, LEONOR G M.D.  
Address 1900 DAIRY ROAD  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR  
Name CHILDS, MADELINE B  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name JOHNSON, STEVEN P  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name KNOPF, MARGE  
Address 6450 US HIGHWAY 1  
ATTENTION: CORPORATE LEGAL  
City-State-Zip: ROCKLEDGE FL 32955