

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743945

Entity Name: HOSPICE OF HEALTH FIRST, INC.**Current Principal Place of Business:**1131 W. NEW HAVEN AVENUE
SUITE 102
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:**ROMANELLO, NICHOLAS W ESQ.
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:** NICHOLAS W. ROMANELLO

04/03/2017

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 CHAIRMAN, DIRECTOR
Name PRUITT, PATRICIA
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

Title DIRECTOR
Name CHILDS, MADELINE B
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 ASST. SECRETARY
Name ROMANELLO, NICHOLAS W. ESQ.
Address 6450 US HIGHWAY 1
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name BRUCKART, ROBERT FR
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

Continues on page 2

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

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name PERERS, ROB
Address 6450 US HIGHWAY 1
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