2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 745062

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.

FILED Feb 04, 2022 Secretary of State 9779859675CC

Current Principal Place of Business:

COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC 4266 SUNBEAM RD.
JACKSONVILLE, FL 32257

Current Mailing Address:

COMMUNITY HOSPICE OF NORTHEAST FLORIDA INC 4266 SUNBEAM RD. JACKSONVILLE, FL 32257 US

FEI Number: 59-1940256 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, PHILLIP 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257 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: PHILLIP WARD 02/04/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CD Title VCD

NameROBBINS, KEVINNameHARWOOD-NUSS, ANNAddress500 WORLD COMMERCE PARKWAYAddress8151 BLUE JAY LANECity-State-Zip:ST. AUGUSTINE FL 32092City-State-Zip:JACKSONVILLE FL 32256

Title SD Title TD

NameARTHUR, TRACYNameEMANS, CHRISAddress1 RAYONIER WAYAddress8230 NATIONS WAYCity-State-Zip:YULEE FL 32097City-State-Zip:JACKSONVILLE FL 32256

Title PCEO Title O

Name WARD, PHILLIP Name PONDER-STANSEL, SUSAN

Address 4266 SUNBEAM ROAD Address 4266 SUNBEAM RD

City-State-Zip: JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE FL 32257

Title O

Name DIXON, GREGG
Address 4255 SUNBEAM RD

City-State-Zip: JACKSONVILLE FL 32257

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: PHILLIP C. WARD

PRESIDENT AND CHIEF EXECUTIVE OFFICER

02/04/2022