

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745062

Entity Name: COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.**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**FEI Number:** 59-1940256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PONDER-STANSEL, SUSAN
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name MITRICK, JOE
Address 1350 13TH AVENUE SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title CD
Name ACOSTA-RUA, FERNANDO
Address 5130 UNIVERSITY BOULEVARD WEST
City-State-Zip: JACKSONVILLE FL 32216

Title SD
Name EMANS, CHRIS
Address 8230 NATIONS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title ATD
Name NUSS, ROBERT
Address 8151 BLUE JAY LANE
City-State-Zip: JACKSONVILLE FL 32256

Title VCD
Name ROBBINS, KEVIN
Address 500 WORLD COMMERCE PARKWAY
City-State-Zip: ST. AUGUSTINE FL 32092

Title TD
Name LOGUE, JOHN W
Address 1878 KING STREET
City-State-Zip: JACKSONVILLE FL 32204

Title PCEO
Name PONDER-STANSEL, SUSAN
Address 4266 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title COO
Name WARD, PHILLIP
Address 4266 SUNBEAM ROAD
City-State-Zip: JACKSONVILLE FL 32257

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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: SUSAN PONDER-STANSEL

PRESIDENT & CEO

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CFO
Name	BOSQUE, CARLOS
Address	4266 SUNBEAM ROAD
City-State-Zip:	JACKSONVILLE FL 32257