

2023 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 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

02/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

| | |
|-----------------|-----------------------|
| Title | VCD |
| Name | HARWOOD-NUSS, ANN |
| Address | 8151 BLUE JAY LANE |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|-----------------|----------------|
| Title | SD |
| Name | ARTHUR, TRACY |
| Address | 1 RAYONIER WAY |
| City-State-Zip: | YULEE FL 32097 |

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

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

| | |
|-----------------|-----------------------|
| Title | O |
| Name | PONDER-STANSEL, SUSAN |
| Address | 4266 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**

02/06/2023

Electronic Signature of Signing Officer/Director Detail

Date