

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747179

Entity Name: TIDEWELL HOSPICE, INC.

Current Principal Place of Business:

5955 RAND BLVD.
SARASOTA, FL 34238

Current Mailing Address:

5955 RAND BLVD.
SARASOTA, FL 34238 US

FEI Number: 59-1911861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDRICKS, CHRISTY
6310 CAPITAL DRIVE
LAKEWOOD RANCH, FL 34202 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: CHRISTY HENDRICKS

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, D
Name FLEECE, JONATHAN D.
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VICE CHAIR, DIRECTOR
Name MAYPER, MATTHEW B
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER, DIRECTOR
Name BUCHANAN, KIMBERLIE A.
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title SECRETARY, DIRECTOR
Name EPPARD, RENEE W
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CFO
Name BOUHAMID, SAIDA
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CLO
Name HENDRICKS, CHRISTY
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name SORG, JAKE
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name FERMIN, MIRANDA
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

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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: JONATHAN D FLEECE

CEO/PRESIDENT/D

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FORDHAM, KAREN
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name MAISTO, MARGE
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name DEEMS, DAN MD
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name FIORICA, JAMES MD
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name KWAME, ALEXANDER
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name HILLSTROM, BOB MD,FACS
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name RYALS, MINDY
Address 6310 CAPITAL DRIVE
City-State-Zip: LAKEWOOD RANCH FL 34202