2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
CC7657279544

DOCUMENT# 764980

Entity Name: VNA HOSPICE OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1110 35TH LANE
VERO BEACH, FL 32960

Current Mailing Address:

1110 35TH LANE
VERO BEACH, FL 32960

FEI Number: 59-2402136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EMMONS, REBECCA FESQ.
3355 OCEAN DRIVE
VERO BEACH, FL 32963 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	CHAIRMAN
Name	HAMEISTER, ELAINE
Address	127 B PARK SHORES CIRCLE
City-State-Zip:	VERO BEACH FL 32963

Title	SECRETARY
Name	SCHNEIDER , MARTA
Address	123 SPRINGLANE DRIVE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	BAILEY , SUSAN
Address	941 SANDFLY LANE
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	WINLAND-BROWN, JILL
Address	8815 LAKESIDE CIRCLE
City-State-Zip:	VERO BEACH FL 32963

Title	VC
Name	CHASE , PETER
Address	8855 W . ORCHID ISLAND CIRCLE # 102
City-State-Zip:	VERO BEACH FL 32963

Title	PCEO
Name	HAMILTON , MARY LINN
Address	1110 35 TH LANE
City-State-Zip:	VERO BEACH FL 32960

Title	DIRECTOR
Name	BECKER , DAVID MD
Address	572 SABLE OAK LANE
City-State-Zip:	INDIAN RIVER SHORES FL 32963

Title	DIRECTOR
Name	TIERNEY , THOMAS
Address	6755 4 TH STREET
City-State-Zip:	VERO BEACH FL 32968

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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: MARY LINN HAMILTON PRESIENT/CEO 04/17/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BETH , RAHALEY
Address	6160 NORTH A1A
City-State-Zip:	VERO BEACH FL 32963

Title	DIRECTOR
Name	MARZANO , SUSAN
Address	515 PITTMAN AVE
City-State-Zip:	VERO BEACH FL 32968