2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 17, 2019
Secretary of State
9607884882CC

DOCUMENT# N01773

Entity Name: HOSPICE OF THE FLORIDA KEYS, INC.

Current Principal Place of Business:

1319 WILLIAM STREET
KEY WEST, FL 33040

Current Mailing Address:

4200 NW 90TH BLVD.
GAINESVILLE, FL 32606 US

FEI Number: 59-2386289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M
4300 NW 89TH BLVD.
GAINESVILLE, FL 32606 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: STEVEN M. ZIEGLER 04/17/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	BUTLER, SCOTTIE J.
Address	5521 SW 35TH WAY
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	DOERR, BENJAMIN I. JR.
Address	1411 NW 46TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR, TREASURER
Name	EPLING, ROBERT L
Address	310 SW 132ND TERRACE
City-State-Zip:	NEWBERRY FL 32669

Title	DIRECTOR, CHAIRMAN
Name	HOOD, GLENDA E.
Address	1210 LANCASTER DRIVE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	DAVIS, JOSEPH W.
Address	2735 NW 22ND DRIVE
City-State-Zip:	GAINVESVILLE FL 32605

Title	DIRECTOR, SECRETARY
Name	DOTSON, ALBERT E.
Address	17901 SW 78TH AVENUE
City-State-Zip:	PALMETTO BAY FL 33157

Title	DIRECTOR
Name	FLETCHER, GEORGE E.
Address	1223 NW 114TH DRIVE
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	MOONEY, PAMELA JO PHD
Address	555 5TH AVENUE NE PH1
City-State-Zip:	ST. PETERSBURG FL 33146

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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: STEVEN M. ZIEGLER ASSISTANT SECRETARY 04/17/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NATIELLO, THOMAS A. PHD
Address	PO BOX 248524
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR, VC
Name	SASSER, JACKSON N. PHD
Address	271 SW 129TH TERRANCE
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST. SECRETARY
Name	ZIEGLER, STEVEN M.
Address	4300 NW 89TH BLVD.
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR, CEO
Name	SCHREIBER, LAWRENCE G
Address	18768 NW 244TH STREET
City-State-Zip:	HIGH SPRINGS FL 32643

Title	DIRECTOR
Name	PHILIP, PAUL R.
Address	1200 GINGER CIRCLE
City-State-Zip:	WESTON FL 33326

Title	PRESIDENT
Name	MATTSON, GAYLE S
Address	4200 NW 90TH BOULEVARD
City-State-Zip:	GAINESVILLE FL 32606

Title	ASST. TREASURER
Name	STUART, RANDALL L.
Address	4300 NW 89TH BLVD.
City-State-Zip:	GAINESVILLE FL 32606