2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01773

Entity Name: HOSPICE OF THE FLORIDA KEYS, INC.

FILED
Jul 19, 2016
Secretary of State
CC3304741498

Current Principal Place of Business:

1319 WILLIAM STREET KEY WEST. FL 33040

Current Mailing Address:

1319 WILLIAM STREET KEY WEST, FL 33040 US

FEI Number: 59-2386289 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIEGLER, STEVEN M 4300 NW 90TH 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 07/19/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR, CHAIRMAN Name ANDERSON, RICHARD M. MD Name BUTLER, SCOTTIE J. Address 631 NW 28TH STREET Address 5521 SW 35TH WAY City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR Title DIRECTOR

NameDAVIS, JOSEPH W.NameDOERR, BENJAMIN I. JR.Address2735 NW 22ND DRIVEAddress1411 NW 46TH TERRACECity-State-Zip:GAINVESVILLE FL 32605City-State-Zip:GAINESVILLE FL 32605

TitleDIRECTOR, SECRETARYTitleDIRECTOR, VCNameDOTSON, ALBERT E.NameDUNLAP, JOE G.Address17901 SW 78TH AVENUEAddress2736 NW 77TH BLVD.

City-State-Zip: PALMETTO BAY FL 33157 City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR, TREASURER Title DIRECTOR

NameEPLING, ROBERT LEENameFLETCHER, GEORGE E.Address14800 SW 238TH STREETAddress1223 NW 114TH DRIVECity-State-Zip:HOMESTEAD FL 32058City-State-Zip:GAINESVILLE FL 32606

Continues on page 2

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

Electronic Signature of Signing Officer/Director Detail

07/19/2016 Date

Officer/Director Detail Continued:

Title DIRECTOR, CEO

Name GALLAGHER, MICHAEL P.
Address 5523 NW 52ND AVENUE
City-State-Zip: GAINESVILLE FL 32653

Title DIRECTOR

Name HUDSON, ROBERT CHARLES

Address 10876 SW 11TH LANE

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name NATIELLO, THOMAS A.

Address 4925 SAN AMARO COURT

City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR

Name SASSER, JACKSON N.

Address 271 SW 129TH TERRANCE

City-State-Zip: GAINESVILLE FL 32606

Title ASST. SECRETARY

Name ZIEGLER, STEVEN M.

Address 156 DOCKSIDE CIRCLE

City-State-Zip: WESTON FL 33327

Title ASST. TREASURER
Name STUART, RANDALL L.
Address 3544 SW 105TH STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR

Name HOOD, GLENDA E.

Address 1210 LANCASTER DRIVE City-State-Zip: ORLANDO FL 32806

Title DIRECTOR

Name MOONEY, PAMELA JO PHD

Address 555 5TH AVENUE NE

PH1

City-State-Zip: ST. PETERSBURG FL 33146

Title DIRECTOR

Name PHILIP, PAUL R.

Address 1200 GINGER CIRCLE

City-State-Zip: WESTON FL 33326

Title PRESIDENT

Name MATTSON, GAYLE A Address 4190 NW 50TH DRIVE

#7304

City-State-Zip: GAINESVILLE FL 32606

Title ASST. SECRETARY
Name AYERS, CATHERINE E.
Address 6222 NW 19TH PLACE
City-State-Zip: GAINESVILLE FL 32606