

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** Yes**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

03/06/2019

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 DAVIS, JOSEPH W.
Address 2735 NW 22ND DRIVE
City-State-Zip: GAINESVILLE FL 32605

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

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

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

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

Title DIRECTOR, CHAIRMAN
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

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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** 03/06/2019

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
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