

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763799 (4)
 1. Corporation Name
HOSPICE FOUNDATION OF AMERICA, INC.



Principal Place of Business	Mailing Address
777 17TH STREET SUITE 401 MIAMI BEACH FL 33139	777 17TH STREET SUITE 401 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified 08/02/1982	3a. Date of Last Report 02/14/1995
4. FEI Number 59-2219888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

ABRAMS, DAVID
777 17TH STREET
SUITE 401
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name	DAVID ABRAMS
82 Street Address (P.O. Box Number is Not Acceptable)	777 17 ST.
83	SUITE 401
84 City	MIAMI BEACH
85 Zip Code	FL 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GORDON, JACK D.	
STREET ADDRESS	777-17 ST STE. 401	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAN, EUGENE H	
STREET ADDRESS	1150 NW 14 ST #105	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPULAK, THOMAS	
STREET ADDRESS	2350 N ST NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ABRAMS, DAVID	
STREET ADDRESS	2519 NE 135 ST	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, THOMAS E M.D.	
STREET ADDRESS	1555 CONNECTICUT AVE., #200	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, PATRICIA	
STREET ADDRESS	600 NEW JERSEY AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, unchanged, or on an attachment, with an address.

SIGNATURE: David Abrams DATE: 2/9/96 DAYTIME PHONE #: 305-558-9272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)