

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33139777 17TH STREET
SUITE 401
MIAMI BEACH FL 33139-1854

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1982		3a. Date of Last Report 03/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2219888		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JACK D.	1.2 NAME	
STREET ADDRESS	777-17 ST STE. 401	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAN, EUGENE H	2.2 NAME	
STREET ADDRESS	1150 NW 14 ST #105	2.3 STREET ADDRESS	1627 BRICKELL AVE #1107
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33129
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPULAK, THOMAS	3.2 NAME	
STREET ADDRESS	2350 N ST NW	3.3 STREET ADDRESS	2300 N ST. NW
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	WASHINGTON, DC 20037
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, DAVID	4.2 NAME	
STREET ADDRESS	2519 NE 135 ST	4.3 STREET ADDRESS	1435 WEEPING WILLOW WAY
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	17061 WOOD, FL 33019
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, THOMAS E M.D.	5.2 NAME	
STREET ADDRESS	1555 CONNECTICUT AVE., #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, PATRICIA	6.2 NAME	
STREET ADDRESS	600 NEW JERSEY AVE., N.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027523

CP2E037 (9/96)