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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 763799 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 MIAM: BEACH FL 33139					

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90048 036 ****70.00

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25		Country		Country	/		6. Election Campaign Financing \$5.00 May Be				
9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 777 17TH STREET SUITE 401 MIAMI F. 33139 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and are accept the obligations of . Section 517,0503, Florids Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. TITLE OFFICERS AND DIRECTORS 16. STREET ADDRESS 777-17 ST STE. 401 TITLE VD NAME MAN, EUGENE H SPULAK, THOMAS 10. Name ARAMS, DAVID SPULAK, THOMAS 10. Name ARAMS, DAVID SPULAK, THOMAS 10. Name ARAMS, DAVID 10. DELETE 11. TITLE 10. ORLINES 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. ORLINEST-2P 16. ORLINEST-2P 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Name 10.		· ·	29 30	5				_		Added to) Fees
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14. I 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 supplementa 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 ecciver 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, with all other like empowered.

SIGNATURE: