

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 20, 2000 8:00 am**
Secretary of State

01-20-2000 90129 014 ****70.00

B0C04637



DO NOT WRITE IN THIS SPACE

DOCUMENT # 763799

1. Entity 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 33139-1854**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2219888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Delete
NAME	GORDON, JACK D.	
STREET ADDRESS	777-17 ST STE. 401	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MAN, EUGENE H	
STREET ADDRESS	1627 BRICKELL AVE #1107-	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	SPULAK, THOMAS	
STREET ADDRESS	2300 N ST NW	
CITY-ST-ZIP	WASHINGTON DC 20037	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	ABRAMS, DAVID	
STREET ADDRESS	1435 WEEPING WILLOW WAY	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, PATRICIA	
STREET ADDRESS	600 NEW JERSEY AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ABRAMS

1/7/00

305-538-9272

Date

Daytime Phone #

CR2E037 (9/99)