

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90083 033 ****70.00

DOCUMENT # 763799

1. Entity Name
HOSPICE FOUNDATION OF AMERICA, INC.



Principal Place of Business
**12000 BISCAYNE BLVD. STE. 505
NORTH MIAMI FL 33181**

Mailing Address
**12000 BISCAYNE BLVD. STE. 505
NORTH MIAMI FL 33181**

90000717



CHECK HERE IF MAKING CHANGES

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)

12000 BISCAYNE BLVD # 505

City **MIAMI**

FL

Zip Code **33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Abrams*

DAVID ABRAMS, PRESIDENT/SECRETARY 1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORDON, JACK D. 777-17 ST STE. 401 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAN, EUGENE H 1627 BRICKELL AVE #1107 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPULAK, THOMAS 2300 N ST NW WASHINGTON DC 20037	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS ABRAMS, DAVID 1435 WEEPING WILLOW WAY HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS E M.D. 1555 CONNECTICUT AVE., #200 WASHINGTON DC 20036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, PATRICIA 600 NEW JERSEY AVE., N.W. WASHINGTON DC	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12000 BISCAYNE BLVD # 505 MIAMI FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRA MACPHERSON 2450 MASSACHUSETTS AVE WASHINGTON, DC 20009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA SPULAK 5920 WOODLEY RD MC CLATH, VA 22101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCILLA PERLY PRISCILLA PERLY 1627 BRICKELL AVE MIAMI, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 like empowered.

SIGNATURE:

David Abrams
DAVID ABRAMS - PRESIDENT 1/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)