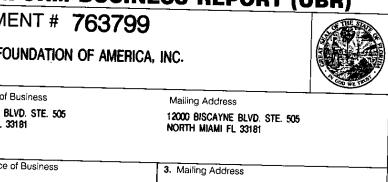
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Jan 13, 2003 8:00 am

1. Entity Name HOSPICE FOUNDATION OF AMERICA, INC.					Secretary of State 01-13-2003 90083 033 ****70.00 9000717			
Principal Place of Business 12000 BISCAYNE BLVD. STE. 505 NORTH MIAMI FL 33181		Mailing Address 12000 BISCAYNE BLVD. STE. 505 NORTH MIAMI FL 33181						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number			Applied For
Zip	Country	Zip	Country		5. Certificate of	· — — —	\$8.75 A	Not Applicable Additional
	6. Name and Address of Current	Registered Agent			_	Idress of New Re	Fee Requi	ired
			Nar	ne	7. Ivanio and Ac	uress of New Re	gistered Agent	
777 17 SUITE	AS, DAVID TH STREET 401 FL 33139		Stre	eet Address (P	O. Box Number is SISCATNE	Not Acceptable)	505	
	1		City	1 1 1 1000	1		FL Zip Co	ide 1
the oblig	ve named entity submils this statement for pations of registered agent.	r the purpose of changing its	s registered offic	e or registere	d agent, or both, ir	the State of Floric	ta. I am familiar with	and accept
SIGNATUR		Herun	^	ABRA	ns PRE	Nett/set		1/7/03
10.	FILE NOW: FEE IS \$61.25	Trust Fund (mpaign Financir Contribution.	· [55.00 May Be dded to Fees	Make Florida	Check Payable Department of	to State
TITLE	OFFICERS AND DIR		11.	AD	DITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	VI 10
NAME	GORDON, JACK D.	☐ Delete	TITLE NAME			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
STREET ADDRESS	111-11 OI OIL. TOI		STREET ADDRES	ss 1200	W RISCO	ME BLU	10 #:525	
CITY-ST-ZIP	MIAMI BEACH-FL	/	CITY-ST-ZIP	M	10171	FI	33181	}
TITLE NAME	VD MAN, EUGENE H	Delete	TITLE	10		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS	1627 BRICKELL AVE #1107		NAME STREET ADDRES	1	IACAH ERSON MASSALHUSE 1	TS AVE	_ •	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		1660H, OC			
TITLE NAME	TD Spulak, Thomas	☐ Delete	TITLE	10			☐ Change	Audition
STREET ADDRESS	2300 N ST NW		NAME	PATRICI	A SPULAK WOODLEY	04	Gridings	_ nounion
CITY-ST-ZIP	WASHINGTON DC 20037		STREET ADDRES	S 5920	WOODLEY	RU		
TITLE	OPS -	☐ Delete	TITLE	PISID	ATH, UA	12101		
NAME	ABRAMS, DAVID	Z Dolote	NAME	PPI				☐ Addition
STREET ADDRESS CITY-ST-ZIP	1435 WEEPING WILLOW WAY		STREET ADDRESS	s				
TITLE	HOLLYWOOD FL 33019		CITY-ST-ZIP					
NAME	BRYANT, THOMAS E M.D.	☐ Delete	TITLE	PRUST	el to D		☐ Change	Addition
STREET ADDRESS	1555 CONNECTICUT AVE., #200		NAME CERCE ARCRES	PROCE	LLA PERRY	<u>ب</u>		
CITY-ST-ZIP	WASHINGTON DC 20036		STREET ADDRESS CITY-ST-ZIP	1627 6	RICKELL A BULKELL A	2-12-		
TITLE	D	☐ Delete	TITLE	+ n	OMI, FL	33129		
NAME	KING, PATRICIA	C Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	600 NEW JERSEY AVE., N.W.		STREET ADDRESS					
OH 1-31-ZIP	WASHINGTON DC		CITY-ST-ZIP	l				ļ

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LIRECTONIA ABROMS- PRESIDENT