

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29185** (8)

1. Corporation Name

**AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDIC
INE, INC.**

Principal Place of Business

Mailing Address

**408 W. UNIVERSITY AVENUE
SUITE 601
GAINESVILLE FL 32601
US**

**P. O. BOX 14288
GAINESVILLE FL 32604-2288
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SMITH, DAVE C.
2101 NW 20TH STREET
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified

11/08/1988

3a. Date of Last Report

01/29/1996

4. FEI Number

59-2918299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

2103 NW 23rd Terrace

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

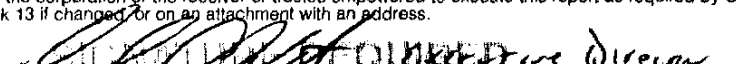
12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SASSER, CHARLES G	
STREET ADDRESS	8002 MYRTLE TRACE DR	
CITY - ST - ZIP	CONWAY SC	
TITLE	PD	☐ DELETE
NAME	HERBST, LAUREL H.	
STREET ADDRESS	4311 3RD AVENUE	
CITY - ST - ZIP	SAN DIEGO CA	
TITLE	VPD	☐ DELETE
NAME	BYOCK, IRA R	
STREET ADDRESS	341 UNIVERSITY AVENUE	
CITY - ST - ZIP	MISSOULA MT	
TITLE	TD	☐ DELETE
NAME	FORMAN, WALTER B.	
STREET ADDRESS	2100 RIGECREST DR SE	
CITY - ST - ZIP	ALBUQUERQUE NM	
TITLE	ED	☐ DELETE
NAME	SMITY, DALE C.	
STREET ADDRESS	2101 NW 20TH ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	☐ DELETE
NAME	LEVY, MICHAEL H.	
STREET ADDRESS	7701 BURHOLME AVENUE	
CITY - ST - ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☐ Change ☒ Addition
1.2 NAME	MICHAEL E. Frederick	
1.3 STREET ADDRESS	2142 W. 86th ST.	
1.4 CITY - ST - ZIP	INDIANAPOLIS, IN	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VPD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	652 Cougar Loop, NE	
4.4 CITY - ST - ZIP	87122	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	SMITH, DALE C	
5.3 STREET ADDRESS	2103 NW 23rd Terrace	
5.4 CITY - ST - ZIP	GAINESVILLE FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **4/10/97 352-377-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010811

CR2E037 (9/96)