SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 11 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N29185 (8)

1. Corporation Name
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE, 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 11250 Roger Bacon Dr #8 Reston VA 20190

3. Date Incorporated or Qualified: 11/08/1988
4. FEI Number: 59-2918299 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11250 Roger Bacon Dr	26 11250 Roger Bacon Drive
22 Suite #8	27 Suite #8
23 Reston, Va	28 Reston, Va
24 Zip 20190 25 Country USA	29 Zip 20190 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH, DAVE C. 2103 NW 23RD TERRACE GAINESVILLE FL 32605	81 Name: C T Corporation System 82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road 83 84 City: Plantation FL 85 Zip Code: 33324

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: Kevin Gallagher - Kevin J. Gallagher 8/6/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD Treasurer	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FREDERICH, MICHAEL E		1.2 NAME		
STREET ADDRESS	2142 W 86TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HERBST, LAUREL H. Carla Alexander MD		2.2 NAME	Carla Alexander, MD	
STREET ADDRESS	4311 3RD AVENUE Univ. of MD Medical School		2.3 STREET ADDRESS	Univ. of Maryland Medical School	
CITY-ST-ZIP	SAN DIEGO CA 29 S. Greene St #300 Baltimore MD 21201		2.4 CITY-ST-ZIP	29 S. Greene St.#300, Balt.,MD21201	
TITLE	PD Exec Dir. William Drohan	☒ DELETE	3.1 TITLE	Exec. Dir.	☒ Change ☐ Addition
NAME	BYOCK, IRA R Drohan management Group		3.2 NAME	DrohanManagement Group William Drohan	
STREET ADDRESS	341 UNIVERSITY AVENUE 11250 Roger Bacon Dr		3.3 STREET ADDRESS	11250 Roger Bacon Dr. #8	
CITY-ST-ZIP	MISSOULA MT Reston #VA 20190		3.4 CITY-ST-ZIP	Reston, VA 20190	
TITLE	VPD Past Pres.	☒ DELETE	4.1 TITLE	000002616270-1	☐ Change ☐ Addition
NAME	FORMAN, WALTER B.		4.2 NAME	-08/14/98--01053--002	
STREET ADDRESS	652 COUGER LOOP, NE		4.3 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP	ALBUQUERQUE NM		4.4 CITY-ST-ZIP		
TITLE	ED BOD Chair John W. Finn MD	☒ DELETE	5.1 TITLE	BOD Chairman	☒ Change ☐ Addition
NAME	SMITH, DALE C Hospice of Michigan		5.2 NAME	John W. Finn, MD	
STREET ADDRESS	2103 NW 23RD TERRACE 16250 Northland Dr. Suite 212		5.3 STREET ADDRESS	Hospice of Michigan	
CITY-ST-ZIP	GAINESVILLE FL Southfield MI 48075		5.4 CITY-ST-ZIP	16250 Northland Dr., Ste. 212	
TITLE	SD President	☐ DELETE	6.1 TITLE	Southfield, MI 48075	☐ Change ☐ Addition
NAME	LEVY, MICHAEL H.		6.2 NAME		
STREET ADDRESS	7701 BURHOLME AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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 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: _____ 7/30/98 703 434 4377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #