2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29185

1. Entity Name

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDIC

FILED
Jun 14, 2000 8:00 am
Secretary of State
06-14-2000 90005 005 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11250 ROGER BACON DR SUITE #8 RESTON VA 20190 US	11250 ROGER BACON DR SUITE #8 RESTON VA 20190-5202 US

2. Principal Place of Business	3. Mailing Address
4700 W. LAKE AVE	4700 W. LAKE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GLENVIEW IL	City & State: GLENVIEW IL
Zip: 60025 Country: US	Zip: 60025 Country: US

4. FEI Number: 59-2918299 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD GAINESVILLE FL 32605	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T FREDERICH, MICHAEL E 2142 W 86TH STREET INDIANAPOLIS IN ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, CARLA MD 29 S. GREEN STREET, #300, U OF MARYLAND BALTIMORE MD 21201 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MACDICKEN, BOB 11250 ROGER BACON DR #8 RESTON VA 20190 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED RICHARD G. MUIR 4700 W. LAKE AVE GLENVIEW IL. 60025 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BODC FINN, JOHN W 16250 NORTHLAND DRIVE, STE 212 SOUTHFIELD MI 48075 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVY, MICHAEL H 7701 BURHOLME AVENUE PHILADELPHIA PA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED RICHARD G. MUIR EXEC. DIR. 847-375-4761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #