PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 18 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29185

1. Corporation Name

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE, INC.

Principal Place of Business	Mailing Address
4700 W LAKE AVE GLENVIEW IL 60025 US	4700 W LAKE AVE GLENVIEW IL 60025 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/1988

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

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~T~~ D	~~FREDERICH, MICHAEL E~~ PAUL ROUSSEAU	~~2142 W 86TH STREET~~ 650 E. INDIAN SCHOOL RD.	~~INDIANAPOLIS IN~~ PHOENIX AZ 85012
~~B~~ D	~~ALEXANDER, CARLA MD~~ DAVID McGREW, MD	~~29 S. GREEN STREET, #300, U OF M~~ 4644 KEYSVILLE AVE.	~~BALTIMORE MD 21201~~ SPRING HILL, FL 34608
ED	MUIR, RICHARD G	4700 W LAKE AVE	GLENVIEW IL 60025
~~BODC~~ D	FINN, JOHN W	~~16250 NORTHLAND DRIVE, STE 212~~ 16250 NORTHLAND DR.	~~SOUTHFIELD MI 48075~~ SOUTHFIELD MI 48075
~~P~~ D	~~LEVY, MICHAEL H~~ LESLIE BRICKER	~~7701 BURHOLME AVENUE~~ 21981 INDIAN CREEK DR	~~PHILADELPHIA PA~~ FARMINGTON HILL MI 48335
		300009582123 12/18/02--01067--008 **236.25	

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

300009582123
12/18/02--01067--008 **150.00

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Stacy M. Rosenthal, Vice President and Assistant Secretary

REGISTERED AGENT

Date: 12/9/2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED RICHARD MUIR — 12-13-02 — 847-375-4761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #