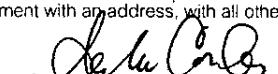


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 027 ****61.25

DOCUMENT # N29185 1. Entity Name AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE, INC.					
Principal Place of Business 4700 W LAKE AVE GLENVIEW IL 60025 US			Mailing Address 4700 W LAKE AVE GLENVIEW IL 60025 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD GAINESVILLE FL 32605				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUSSEAU, PAUL 650 E INDIAN SCHOOL RD PHOENIX AZ 85012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President James Cleary, MD K6/546 CSC 600 Highland Ave Madison, WI 53792	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGREW, DAVID MD 4644 KEYSVILLE AVE SPRING HILL FL 34608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Elect Robert M. Arnold, MD 200 Lothrop St Pittsburgh, PA 15213	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED CORDES, ANNE 4700 W LAKE AVE GLENVIEW IL 60025		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Ronald Schonwetter, MD 12901 Bruce B. Downs Blvd., Box 19 Tampa, FL 33612	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINN, JOHN W 16250 NORTHLAND DR SOUTHFIELD MI 48075		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Linda D. Seaman, MD 8902 Tieton Drive Yakima, WA 98908	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRICKER, LESLIE 21981 INDIAN CREEK DR FARMINGTON HILL MI 48335		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for officers/directors)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
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: 			May 7, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			847-375-4758		