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	Mailing Address
4700 W LAKE AVE GLENVIEW IL 60025 US	4700 W LAKE AVE GLENVIEW IL 60025 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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 _____
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
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	☒ Delete	President James Cleary, MD K6/546 CSC 600 Highland Ave Madison, WI 53792	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGREW, DAVID MD 4644 KEYSVILLE AVE SPRING HILL FL 34608	☒ Delete	President Elect Robert M. Arnold, MD 200 Lothrop St Pittsburgh, PA 15213	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED CORDES, ANNE 4700 W LAKE AVE GLENVIEW IL 60025	☐ Delete	Treasurer Ronald Schonwetter, MD 12901 Bruce B. Downs Blvd., Box 19 Tampa, FL 33612	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINN, JOHN W 16250 NORTHLAND DR SOUTHFIELD MI 48075	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICKER, LESLIE 21981 INDIAN CREEK DR FARMINGTON HILL MI 48335	☒ Delete	Secretary Linda D. Seaman, MD 8902 Tieton Drive Yakima, WA 98908	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 847-375-4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #